

## Mount Holly Community Membership Form

Name: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- I live in Mount Holly
- I have a second home in Mount Holly
- I am visiting

Local address & zip code if not visiting:

\_\_\_\_\_

Membership type:

Additional Donation

<input type="checkbox"/> Single (\$20)	<input type="checkbox"/> Community Center Maintenance Fund \$ _____
<input type="checkbox"/> Family (\$35)	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Sponsor (\$50)	
<input type="checkbox"/> Patron (&100)	
<input type="checkbox"/> Benefactor (\$250 or more)	

Please make checks payable to MHCA, PO Box 93, Belmont, VT 05730.

Membership is valid for one year from July 1 - June 30.

MHCA is a 501 © 3 non-profit organization: all contributions are tax deductible.