

Mount Holly Community Association Membership Form

Name: _____

Permanent Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

I live in Mt. Holly. I have a 2nd home in Mt. Holly I am visiting.

Membership type:

Single (\$20)

Family (\$30)

Sponsor (\$50)

Patron (\$100)

Benefactor (\$250 or more)

Additional Donations:

Community Center Building Fund \$ _____

Friends of Star Lake \$ _____

Library \$ _____

Other \$ _____

Thank you for your support! Total \$ _____

Membership is valid June 1, 2009 – May 31, 2010. Please make checks payable to MHCA and return form with payment to: MHCA, PO Box 93, Belmont, VT 05730

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