

**Mount Holly Community Association Membership Form**

Name: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_ I live in Mt. Holly.    \_\_\_ I have a 2<sup>nd</sup> home in Mt. Holly    \_\_\_ I am visiting.

Membership type: Additional Donations:

___ Single (\$20)	Community Center Building Fund \$ _____
___ Family (\$35)	Calendar Order \$ _____
___ Sponsor (\$50)	Library \$ _____
___ Patron (\$100)	Other \$ _____
___ Benefactor (\$250 or more)	Thank you for your support! Total \$ _____

Membership is valid for one year between July 1 & June 30<sup>th</sup>.

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.**

**MOUNT HOLLY**  
Town of Mount Holly, Vermont