



**Mountain View Association**  
**2026 Member Information Data**

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Cell: \_\_\_\_\_

*Thank you for printing carefully*

**MEMBERSHIP LEVELS**

Please select from the Membership Levels below. Please Include necessary names.

*Individual- \$40:* \_\_\_\_\_ *Couple- \$75:* \_\_\_\_\_

*Family- \$150 (Includes all children under the age 18):* \_\_\_\_\_

*Associate- \$25 (ages 14-26):* \_\_\_\_\_

*Business Membership/Sponsor- \$100:* \_\_\_\_\_

**INVASIVE SPECIES MANAGEMENT FUND (ISMF) DONOR LEVELS**

Kindly choose a donation level listed below.

*Camp Club (Any Amount):* \_\_\_\_\_ *Friend of the Lakes- \$50:* \_\_\_\_\_

*Guardian of the Lakes- \$100:* \_\_\_\_\_ *Eagle Supporter- \$250:* \_\_\_\_\_

*Loon Supporter- \$500:* \_\_\_\_\_ *1907 Society- \$1907:* \_\_\_\_\_

**PLEASE CONSIDER MAKING A MONTHLY DONATION VIA PAYPAL**

**LEGACY FUND**

I would like to donate to the Legacy Fund in Honor/Memory of \_\_\_\_\_

Legacy Fund Donation: \$ \_\_\_\_\_

**DONATION TOTALS**

**MEMBERSHIP: \$** \_\_\_\_\_ **ISMF DONATION: \$** \_\_\_\_\_

**LEGACY FUND DONATION: \$** \_\_\_\_\_

**TOTAL to REMIT: \$** \_\_\_\_\_ **CHECK** \_\_\_\_\_ **or** **ONLINE** \_\_\_\_\_

Kindly send this form and a check to the MVA at Post Office Box 235, Owls Head NY 12969

You may also send this form to [MVAtreasurer@mountainviewassn.com](mailto:MVAtreasurer@mountainviewassn.com) and pay online if you prefer.

I WISH TO OPT OUT OF FUTURE PAPER MAILINGS:    YES    NO