



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 and pay online if you prefer.

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