

**MOUNTAIN LODGE PARK/GLENWOOD HILLS
RESIDENTS ASSOCIATION, INC.
Membership Application**

Date: _____ Member # _____

Name: _____

Address: _____

City / State / Zip _____

Mailing Address (If Different)

Phone: (Home) _____

Cell: _____

E-Mail Address: _____

Occupation or Profession: _____

Please indicate:

Are you a property owner _____

Would you be able to volunteer your time or service to MLP/GH Residents Association Community

Projects? Yes: _____ No: _____

Are you Renting? _____

Are you Seasonal? _____

Are you Year Round? _____

How long a resident? _____

How many members in your family?

Children _____ Adults _____ Seniors _____

Are you a Registered Voter? _____

Comments or Suggestions: _____

Dues: Annual - \$60.00

Semi-Annual - \$30.00

Quarterly - \$15.00

Make check payable to: MLPGHRA

And mail to:

MLPGHRA

74 Glenwood Road

Monroe, NY 10950

Signature: _____