



## Mount Vernon Council of Citizens Associations, Inc. 2008 Membership Application/Renewal

Association Name:

Web Site Address:

### Section 1 - Membership Dues and Additional Record Subscriptions

\* NOTE REGARDING RECORD SUBSCRIPTIONS: Membership includes UP TO THREE (3) PRINTED AND MAILED subscriptions to the Record, the official publication of the MVCCA. If more than three (3) names are checked below, only the first three (3) names checked will actually receive mailed copies of the Record. Additional mailed subscriptions are available for \$15 per subscription. An unlimited number of subscriptions to an electronic copy of the Record can be made. MVCCA encourages all representatives to subscribe, either for a mailed or electronic copy, in order to stay abreast of MVCCA actions. To subscribe to receive an electronic copy, visit the Council's website at [www.mvcca.org](http://www.mvcca.org).

Check One	Number of Households	Estimated # of Homes In Assoc	Dues	2008 Dues Amount
	Up to 75		\$42.00	
	76 to 150		\$54.00	
	151 to 249		\$72.00	
	250 to 499		\$90.00	
	500 or more		\$102.00	
# Additional subscriptions		_____ at \$15 each		

Total Amount enclosed  
(payable to MVCCA)

Signature of President or Treasurer (type name if completed electronically)

Date

### Section 2 – Key Association Officers

#### ASSOCIATION PRESIDENT

Name	Office/Title
Street Address	
City	Zip
Phone	*Mail Record <input type="checkbox"/>
Email	

#### ASSOCIATION TREASURER

Name	Office/Title
Street Address	
City	Zip
Phone	*Mail Record <input type="checkbox"/>
Email	

### Section 3 – Representatives to General Council

**Note:** Presidents may always represent their association at General Council and Committee Meetings and need not be listed separately below. Otherwise, only representatives designated below will be allowed to vote at Council and Committee meetings. Presidents are responsible for notifying MVCCA of any changes in representation in accordance with the accompanying 2008 Annual Dues Notice and Important Membership Information.

REPRESENTATIVE TO THE GENERAL COUNCIL			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

ALTERNATE REPRESENTATIVE TO THE GENERAL COUNCIL			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

### Section 4 – Representatives to Committees

REPRESENTATIVE TO THE BUDGET & FINANCE COMMITTEE (BUDG)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

REPRESENTATIVE TO THE CONSUMER AFFAIRS COMMITTEE (COAF)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

REPRESENTATIVE TO THE EDUCATION COMMITTEE (EDUC)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

REPRESENTATIVE TO THE ENVIRONMENT & RECREATION COMMITTEE (ENVR)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

REPRESENTATIVE TO THE HEALTH & HUMAN SERVICES COMMITTEE (H/HS)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

REPRESENTATIVE TO THE PLANNING & ZONING COMMITTEE (PL/Z)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

REPRESENTATIVE TO THE PUBLIC SAFETY COMMITTEE (PSAF)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

REPRESENTATIVE TO THE TRANSPORTATION COMMITTEE (TRANS)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

REPRESENTATIVE TO THE AFFORDABLE AND WORKFORCE HOUSING COMMITTEE (SCAWH)			
Name		Office/Title	
Street Address			
City		Zip	
Phone		*Mail Record	<input type="checkbox"/>
Email			

### Section 5 - Other Subscribers to the *Record*

Name		Office/Title	
Street Address			
City		Zip	
Phone		Mail Record	<input type="checkbox"/>
Email			
Name		Office/Title	
Street Address			
City		Zip	
Phone		Mail Record	<input type="checkbox"/>
Email			
Name		Office/Title	
Street Address			
City		Zip	
Phone		Mail Record	<input type="checkbox"/>
Email			
Name		Office/Title	
Street Address			
City		Zip	
Phone		Mail Record	<input type="checkbox"/>
Email			

### Section 5 - Dues Billing Information

If future billings are to be sent to someone other than to the association's treasurer, please indicate below:

Name					
Street Address					
City		State		Zip	
Email					
Phone		Fax			

May we send future billings by fax or email? If so, provide name and fax number or email address:

Name	
FAX No.	
Email	

Mail completed form and check to: MVCCA Treasurer, P.O. Box 203, Mount Vernon, VA 22121-0203