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For Year 2010

POA – Membership Renewal and Contribution Form

Please complete each section and return to:

The POA

POB 1657

Lady Lake, FL 32158

Renewal

New Member

Name(s): _____

Address: _____

Village _____

City/State/Zip: _____

County _____

Phone _____

Email _____

We respect your privacy: Your E-Mail address is for POA Official use ONLY

1. MEMBERSHIP RENEWAL (check the **two** boxes that apply):

Please renew my membership in the POA For 2010 at the Annual Rate of \$10.00 per household. A check is enclosed.

Please mail my Membership Card to me at the address above. I will include a stamped self-addressed envelope with this form and my check.

Please hold my POA Membership Card for me to pick up at the next monthly POA meeting.

2. ADDITIONAL CONTRIBUTION:

Please accept my additional contribution to the POA in the following amount:

\$10.00 \$25.00 \$75.00 \$100.00

\$ _____ (**Other - please indicate amount**)

THANK YOU FOR YOUR SUPPORT OF THE POA AND YOUR GENEROUS CONTRIBUTION