

POA - 2010 Membership Form

Please check the box which applies: **New** **Renewal**

Please complete each section and return to **The POA, POB 1657, Lady Lake, FL 32158.**

Name(s): _____

Address: _____

Village _____

City/State/Zip: _____

County _____

Phone _____

Email _____

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

Please start or 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. Please include a **stamped self-addressed envelope** with this form and your 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