



## Become a Member of MWVOCC

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One year membership fee: \$20, Individual or Family

Check one: New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Check one: Individual Membership \_\_\_\_\_ Family \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Email \_\_\_\_\_

If family membership:

Second person \_\_\_\_\_

Collectable vehicle owned (optional) \_\_\_\_\_

Please tell us the types of events you most interested

in: \_\_\_\_\_

\_\_\_\_\_ I (we) would like to volunteer for more involvement, please call.

**Mail Application with your check to:**

MWVOCC

P.O. Box 1573

North Conway, NH 03860