

# SMMRA Membership Application

Name:

PRINT FIRST NAME LAST NAME SPOUSE

Address \_\_\_\_\_

Park Name \_\_\_\_\_ City State Zip Code Space # \_\_\_\_\_

Phone: \_\_\_\_\_ Email address \_\_\_\_\_

I would like to volunteer by serving on the following Committees:

Membership Committee

Event Committee

Resident Advocate

Political Action Committee (PAC)

**\$10.00 membership** (required)

**\$ 5.00 Legal Fund** (donation)

**\$ 5.00 PAC Fund** (donation)

Enclosed is my check for \$ \_\_\_\_\_ made payable to **SMMRA**.

**Mail to: SAN MARCOS MOBILEHOME RESIDENTS ASSOCIATION**

P. O. Box 4104

San Marcos, CA 92079