

**Moosup Pond Association**

**P.O. Box 513**

**Moosup, CT 06354**

**MEMBERSHIP FORM- PLEASE PRINT**

**Name:**

**Email Address:**

**Property address:**

**City:**

**State:**

**Zip Code:**

**Mailing Address  
(if different than property address):**

**City:**

**State:**

**Zip Code:**

**MEMBERSHIP FEE**

**VOTING MEMBER: One designated individual, per tax bill,  
who may cast votes at MPA meetings.**

**Fee: \$25**

**ASSOCIATE MEMBER: Interested party who does not have  
voting rights but is welcome to contribute at MPA meetings.**

**Fee: \$10**

**Consider making a donation to MPA to help fund future projects such as  
weed control:**

**VOLUNTARY DONATION:**

**\$**

**PLEASE MAKE CHECKS PAYABLE TO MOOSUP POND ASSOCIATION**

Thank you for your support!

**Signature:**

**Date:**

**Total Amount Enclosed:**

**Check Number:**

