## **Membership Form**

Date	Membersl	hip Renewal	Yes/No
First and Last Name(s)			
Street Address			
Mailing Address (If different)			
Email Address (ho	w you will normally receive information	from us):	
	ber (optional) nber (optional) nal)		
Topics of Interest f	or Your Family (optional):		
Please return your CPPV Membership P.O. Box 1 Rohrersville, MD 2			
Donation:  ☐ \$20 ☐ \$30 ☐ Suggested Donation S	□\$45 □Other \$ \$20)		

We welcome all to join our group, but only those members residing in Washington or Frederick County, Maryland; Loudon County, Virginia; or Jefferson County, West Virginia are considered *Regular* members who can vote at CPPV meetings. *Associate* members are those living outside this geographic area and have no vote. A *Patron* membership is also available for interested businesses, organizations, and others. Please contact CPPV for more information.

Thank you for your support!