



Member Information

Last Name: _____

First Name(s): _____

Mailing Address: _____

E-Mail(s): _____

Phone: (_____) _____ - _____

Payment

Membership Fee: \$50 for Family / \$25 for Individual* \$

Additional Donation (if any): \$

Other (if any): _____ \$

TOTAL PAYMENT \$

WVAIA (Tax ID# 02-0402274) is a 501(c)3
WVAIA P.O. BOX 412 Waterville Valley, NH 03215