

MAGNOLIA SPRINGS COMMUNITY ASSOCIATION

DATE: _____

NAME(S): _____

ADDRESS: _____

PHONE(S): _____

EMAILS(S): _____

ADDITIONAL FAMILY MEMBERS:

FAMILY MEMBERSHIP \$25 \$ _____

INDIVIDUAL MEMBERSHIP \$15 \$ _____

MAILED NEWSLETTER \$15 \$ _____

TAX DEDUCTIBLE DONATION \$ _____

TOTAL \$ _____

Please mail this form and your check to:
MSCA, PO Box 6, Magnolia Springs, AL 36555