

PONTE VEDRA COMMUNITY ASSOCIATION

Application for Membership

(Membership year October 1-September 30)

- Please **PRINT** all information below **COMPLETELY**, as you wish it to appear in the PVCA directory
- Dues are \$60.00 per year. Please make check payable to PVCA.
- Mail to: PVCA, PO Box 517, Ponte Vedra Beach, FL 32004

Self: _____
(Last Name) (First Name) (Middle Initial) (Nickname)

Spouse: _____
(Last Name) (First Name) (Middle Initial) (Nickname)

Children: *please list only those at home or at school (FIRST NAMES ONLY)*

Address(es): *please check preferred mailing address*

Ponte Vedra Street Address: _____

Telephone: _____

PO Box, if any: _____

E-Mail Address: _____

Other residence, if any: _____

Telephone: _____ Do you wish this other residence

listed in the directory: _____ If so, under "Other" () or "Summer" ()