



FOR APC USE ONLY

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P.O. Box 852 | Arnold, MD 21012 | www.arnoldpreservationcouncil.org

Preserving our past...fostering our future

2021 MEMBERSHIP FORM

PLEASE PRINT:

Full Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Please send the Newsletter: By EMAIL _____ By POSTAL MAIL _____

VOTING MEMBER

\$ 25.00

Check One. (Residency in Arnold is required.)

Individual Arnold Resident/Household

Community/Homeowner Association Business Organization Institution } Please also complete the Reverse Side

FRIEND OF APC (NON-VOTING MEMBER)

\$ 15.00

(Residency in Arnold is not required.)

DONATION \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

VOLUNTEER OPPORTUNITIES

APC relies on its volunteers. Share your talents! Please check all areas of specific interest to you.

_____ Board of Directors

_____ Program Planning

_____ Fundraising

_____ Facebook

_____ Route 2 Clean-up

_____ Website

_____ Membership Drive

_____ Newsletter

_____ Other _____

All information provided to APC is for internal use only. It is never shared with any other organization or entity.

► Send form along with your check (payable to APC) to: APC, P.O. Box 852, Arnold, MD 21012-0852

The mission of the Arnold Preservation Council is to unite the people of Arnold, preserve its rural heritage, and enhance its environment by advocating responsible growth, linked neighborhoods, local businesses, and excellent schools. APC is a 501(c)(3) organization. All dues and donations are deductible to the fullest extent of the law.

**VOTING COMMUNITY/HOMEOWNER ASSOCIATIONS, BUSINESSES,
INSTITUTIONS, OR ORGANIZATIONS**

PLEASE PRINT

1. The **full name** of your Community/Homeowner Association, Business, Institution, or Organization

2. Please provide the best way for APC to contact you in a timely fashion. Give a name, address, telephone number, and/or email address as appropriate. This includes generic email addresses such as president@baycrest.com or Contact Us from a website.

3. Contact information for the person who will be your **Delegate** (voting representative) to APC and attending APC meetings

Name, and Office if Applicable _____

Address _____

Phone Number _____ **Email** _____

4. The url address of your website if you have one:

5. Please indicate where you want the newsletter to be sent if the email/postal address is not the one that appears on the front side of this form.

6. For Community/Homeowner Associations

(a) The number of homes in your community _____

(b) The name of your President _____

(c) The month in which you usually elect officers _____

(d) The month in which your fiscal year begins _____