

**KNIGHTS VALLEY-FRANZ VALLEY ASSOCIATION**

**2013 MEMBERSHIP APPLICATION**

I (we) wish to join Knights Valley-Franz Valley Association. I (we) support the KVFV mission as defined in our Constitution “to preserve the natural, rural and agricultural values of the hills, streams, and wildlife which so richly endow this area.”

Membership dues are: \_\_\_\_\_ \$15.00 per individual property owner with a maximum of two memberships (\$30.00) per collectively titled property ownership.

Property owner membership. (Property owner memberships are property owners who own property in the geographic area as defined in Article II of the KVFV Association By-Laws. Residency by an owner shall not be deemed a requirement for membership. (I (we) understand that membership entitles me (us) to one (1) vote per single property owner or two (2) votes per collectively titled ownership regardless of the number of separate parcels owned.)\_\_\_\_\_ \$15.00 per resident membership (non-KVFV property owner).

Associate membership. (Associate memberships are non-property owning residents who live in the geographic area as defined in Article II of the KVFV Association By-Laws. All rights of membership shall be afforded associate members, except the right to vote and serve as a director.)Dues period is for the calendar year and are payable on January 1<sup>st</sup> of each year and considered late after March 1 Membership can not vote in the event dues are unpaid by May 1<sup>st</sup>. Any optional contributions over and above the dues amount would be welcomed, and will help to provide monetary support for mailings and association business. Check here if including funds beyond membership requirements: \_\_\_\_\_ (Additional contributions are not tax deductible).

Please complete the form below. Include the name of each individual member. Check above whether you are a property owner or associate member and mail to:

KVFV Association  
P.O. Box 902  
Calistoga, CA 94515  
*(Please make check payable to KVFV Association)*

Name \_\_\_\_\_ Name \_\_\_\_\_

Primary Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Other Number \_\_\_\_\_