

Midvale Heights Community Association Membership Form

To renew or register online, go to <http://midvaleheights.org/MHCAregister>

Friends, Thank you for supporting MHCA and the many activities that make our neighborhood so special. Please print and be careful to write legibly, so that your name and information are entered in our database correctly. Welcome to MHCA!

Midvale Heights Street Address: _____

First Name	Last name	Phone	Email	Occupation / Business
Adult #1 _____	_____	_____	_____	_____
Adult #2 _____	_____	_____	_____	_____
Adult #3 _____	_____	_____	_____	_____

- ☐ Please check here if you want to be added to the Good Neighbor Project email list
- ☐ Please check here if you do not want your email address used to send other announcements

First Name	Last Name	Baby sitting	Odd jobs	Mowing	Snow shoveling
Child #1 _____	_____	☐	☐	☐	☐
Child #2 _____	_____	☐	☐	☐	☐
Child #3 _____	_____	☐	☐	☐	☐
Child #4 _____	_____	☐	☐	☐	☐

- ☐ I do not wish to be listed in the directory (you will still receive a directory)
- ☐ I do not wish my children to be listed in the directory

INFORMATION OBTAINED BY MHCA IS USED ONLY FOR THE DIRECTORY AND DISTRIBUTED ONLY TO MHCA MEMBERS. IT IS NOT SOLD OR DISTRIBUTED OUTSIDE MHCA.

I would like to volunteer / contribute to neighborhood programs:

<u>Contribute</u>	<u>Volunteer</u>	<u>Contribute</u>	<u>Volunteer</u>
	☐ Block Captain or Area Director/Co-Director	\$ _____	☐ Santa Visits
	☐ Contribute articles to Newsletter	\$ _____	☐ Green Team
\$ _____	☐ Annual MHCA Neighborhood Picnic	\$ _____	☐ MHCA Youth Baseball
\$ _____	☐ Annual MHCA Neighborhood Garage Sale	\$ _____	☐ WIDE-LP 99.1 FM
\$ _____	☐ Summer Nights at Segoe Concerts	\$ _____	☐ Good Neighbor Project
\$ _____	☐ Annual MHCA/Westmoreland games		

Suggested MHCA membership donation: ___\$20 ___\$40 ___\$80 Other: \$ _____

Membership period: Sep 1, 2025 – Aug 31, 2026

\$ _____ Membership donation

\$ _____ Total of the above voluntary contributions to MHCA programs

\$ _____ Additional, undesignated contribution towards MHCA programs

\$ _____ History Book (*Forests, Farms, and Families: A History of the Midvale Heights Neighborhood, \$10 / copy*)

\$ _____ **TOTAL** Check number: _____

Please make check payable to: MHCA Mail to: Midvale Heights Community Association
P.O. Box 44426
Madison, WI 53744-4426