



Ponte Vedra Community Association

Application for Membership

Membership Year: October 1- September 30. (for those joining after April 1, your membership extends through September of the following year)

Instructions: Please PRINT all information as you would like to see it appear in the PVCA directory which is distributed only to members. We use your personal information only for the use of official Association business. If you decline inclusion in the directory check here:

Mail application and dues of \$75 per family to PVCA, PO Box 517, Ponte Vedra Beach , FL 32004

Date of application: ___/___/___ (month/day/year/)

Self:

Last Name

First Name

Nickname

Address or PO Box

Home phone

Cell Phone

E-mail address (important to receive association information)

Spouse/Domestic Partner:

Last Name

First Name

Nickname

Cell Phone

E-mail address (important to receive association information)

Children: (at home or school)

First (and Last Names if different)

Other Residence that you would like printed in the directory:

Referred by:

Visit our web site: Pontevedraca.org