



PRINT NAME

PRINT NAME

Signature of Member's name

Signature of Member's name

Street

P.O. Box

City and Zip

email

Emergency contact (name and phone number)

2 references and phone numbers:

1. _____

2. _____

Membership accepted by _____ Title _____ (for HDV)

Upon acceptance make membership check payable to: High Desert Village, Inc. Send check to:
High Desert Village Membership Secretary 620 NE Isabella Lane, Bend, OR 97701