



Mt. Gretna Campmeeting

LISTED IN THE NATIONAL REGISTER OF HISTORIC PLACES

Mt. Gretna Campmeeting Association

# Property Transfer Form

Property Ownership Committee

## Purchaser's Name(s) & Address

Name(s): \_\_\_\_\_

USPS Mailing address: \_\_\_\_\_

Home (landline) telephone number: \_\_\_\_\_

**NOTE: To receive MGCA updates via text and/or email, check the appropriate boxes below.**

- Alerts: Emergency notifications, downed trees, water or sewer issues, snow plowing, road closures, etc.
- Notices: Events, Newsletter, Meetings, Minutes, Leaf collection, Quiet Season, etc.

## Voting Member (Select one owner)

	Alerts	Notices	<b>Owner #1: Name</b> _____ <input type="checkbox"/>
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Email	<input type="checkbox"/>	<input type="checkbox"/>	e-mail address: _____
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Text	<input type="checkbox"/>	<input type="checkbox"/>	Cell telephone number: _____
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Work telephone number: \_\_\_\_\_

	Alerts	Notices	<b>Owner #2: Name</b> _____ <input type="checkbox"/>
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Email	<input type="checkbox"/>	<input type="checkbox"/>	e-mail address: _____
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Text	<input type="checkbox"/>	<input type="checkbox"/>	Cell telephone number: _____
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Work telephone number: \_\_\_\_\_

	Alerts	Notices	<b>Owner #3: Name</b> _____ <input type="checkbox"/>
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Email	<input type="checkbox"/>	<input type="checkbox"/>	e-mail address: _____
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Text	<input type="checkbox"/>	<input type="checkbox"/>	Cell telephone number: _____
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Work telephone number: \_\_\_\_\_

**Purpose of Purchase:** Primary Residence  Secondary Residence

**Date of Purchase:** \_\_\_\_\_

**MGCA Property Street Address:** \_\_\_\_\_

**Emergency Contact:** (In an emergency, who to call with authority to make decisions when Cottage Owner is not available.)

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Local Contact:** (Has cottage access in owner's absence.)

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Dates:** Revision: 03/28/2025

Rescission: