

Membership Application/Membership Renewal Form

St. David's Society of Minnesota

www.stdavidsofmn.org

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PLEASE PRINT YOUR INFORMATION

Name (for Partner/Family* memberships, please include all names): _____

Address (including city, state & zip): _____

Phone Number(s) for Directory: _____

E-mail Address: _____

_____ I do not use or seldom use email. Please send newsletters by post.

Individual and Partner/Family Membership Categories and Rates

_____ Individual **Annual** (July 1– June 30) \$25/year

_____ Partner/Family * **Annual** (July 1– June 30) \$40/year

_____ Individual Lifetime (**one-time payment**) \$225

_____ Partner/Family* Lifetime (**one-time payment**) \$300

* Partner/Family Rate covers 2 adults and may include children under the same roof under 18 years of age.

Organization Membership Categories and Rates

_____ Affiliated Organization (July 1– June 30) \$50/year

_____ Supporting Organization (July 1– June 30) \$75/year

_____ Sustaining Organization (July 1 – June 30) \$100/year

Please make checks payable to: **ST. DAVID'S SOCIETY OF MN**

Send membership status questions to: **pamresearch@hotmail.com**

Mail this form and check to: **Pam Rose**
Treasurer
8514-13th Ave S.
Bloomington, MN 55425

