MEMBERSHIP APPLICATION/RENEWAL FORM – 2016

NAME: __________________________________________________________
(last name), (first) (middle)

DATE: ___________________ 20___

ADDRESS: ________________________________

CITY: ___________________ STATE _________________ ZIP _______

PHONE: ___________________ _____________________
(home) (business)

FAX ___________________ E-mail __________________________

CLASS OF MEMBERSHIP: (check one)
___ Licensed Member - $20.00 LS Number _____________
___ Training Member - $10.00
___ Technical Member - $10.00
___ Other _____________ - $10.00

Mail form and dues to:
Preston Dowell
7823 Highway 135E
Virginia, MN 55792

Make check/money order out to: ARROWHEAD CHAPTER 4 OF MSPS