



2019 Membership Application Form

Name: _____

Address: _____

Phone Number: _____

Email: _____

Membership Type:

_____ New Member

_____ Renewal

Annual Membership Dues:

_____ Single \$5

_____ Couple \$10

_____ Family \$25

_____ Lifetime \$500

*Make checks payable to:
Friends of Maplewood

Send membership application to:

Friends of Maplewood
Box 259
Pelican Rapids, MN 56572