

Friends of Maplewood
2020 Membership Application Form

Name: _____

Address: _____

Phone Number: _____

Email: _____

Membership Type:

_____ New Member

_____ Renewal

Annual Membership Dues:

_____ Single \$10

_____ Couple \$15

_____ Family \$30

_____ Lifetime \$500

Additional Donation:

_____ in MEMORY OF _____

_____ in HONOR OF _____

*Make checks payable to: **Friends of Maplewood**

Send membership application to:

Friends of Maplewood
Box 259
Pelican Rapids, MN 56572

