



MEMBERSHIP FORM

Type of Membership: New Member Current Member Returning Former Member
 Individual (\$35) Family (\$45)

Last Name: _____ First Name: _____

Street Address: _____

City/State/Zipcode: _____

Preferred Phone No.: _____ Existing Member No. (if any) _____

Preferred Email: _____
(Please note that if you do not supply an email, it will be your responsibility to refer to the website for activities, salon, and all meeting information.)

For Family Memberships Only:

Member #2 Last Name: _____ First Name: _____

Phone No.: _____ Existing Member No. (if any) _____

Email: _____

Member #3 Last Name: _____ First Name: _____

Phone No.: _____ Existing Member No. (if any) _____

Email: _____

Member #4 Last Name: _____ First Name: _____

Phone No.: _____ Existing Member No. (if any) _____

Email: _____

STAPLE PAYMENT HERE

Bring completed form with payment to in person meeting or mail to:
MVPC Membership
13050 Vernon Ave
Savage MN 55378