



ASSINMAN OF MINNESOTA

MEMBERSHIP REGISTRATION FORM

Name

Prefix

Firstname

Middlename

Lastname

Address

Street Address

City

State / Province

Postal / Zip code

Contact Details

Phone number

Phone number 2

Email

Emergency Contact

Membership Types

☐

Individual Membership

☐

Family Membership

☐

Other

How did you hear about us?

☐

Social media

☐

Our website

☐

Friends / family

☐

other

Why are you interested in joining our association?

Declaration:

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that membership approval is at the discretion of the association and may be subject to review.

Signature

Date

Notice: Email filled to info@assinmanofminnesota.org

Visit us on <https://www.assinmanofminnesota.org>

Contact us on [+15076166303](tel:+15076166303)