

MEMBERSHIP APPLICATION – CENTRAL MINNESOTA SENIOR FEDERATION

Mail to: 800 South Highway 10, Suite 3 - St. Cloud, MN, 56304

Name _____ Birthdate _____

Name _____ Birthdate _____

Address _____

City _____ State ____ Zip _____ County _____

Phone (____) - _____

Email _____

I am a new member _____

This is a membership renewal _____

1-year membership - \$15 **per person**

Additional Donation of: _____

Make checks payable to CMNSF

Please allow three to four weeks for delivery of your membership card. Dues are subject to change. Thank you for supporting the Central Minnesota Senior Foundation.

Central region: serving Benton, McLeod, Meeker, Morrison, Sherburne, Stearns, Wright, and Todd Counties. The services, facilities, and benefits of this program are for the use of all people regardless of race, color, sex, religion, disability, or national origin.