## IWLA Breckenridge Chapter Membership Application:

| Name:   |             |  | Date:    |  |
|---|-------------|--|----------|--|
| Address:  |             |  |          |  |
| Phone:  |             |  |          |  |
| E-Mail:   |             |  |          |  |
| Birthdate   |             |  |          |  |
| Dues are subject to chang<br>Please make check payabl | e.          |  |          |  |
| Membership Dues:                                      | Individual: | 71.50                                  |          |  |
|   | Family:     | 99.00                                  |          |  |
|   | Student:    | 43.00                                  |          |  |
| Mail to:  | Da          | rbara Franklin                         |          |  |
|   |             | West River Road                        |          |  |
|   |             | apolis, MN 55444                       |          |  |
|   |             |  |          |  |
|   |             | eckenridge Chapte<br>ship Application: | <u>r</u> |  |
| Name:   |             |  | Date:    |  |
| Address:  |             |  |          |  |
| Phone:  |             |  |          |  |
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|   |             |  |          |  |
| Dues are subject to chang<br>Please make check payabl | e.          |  |          |  |
| Membership Dues:                                      |             |  |          |  |
| r 2 555   | Individual: | 71.50                                  |          |  |
|   | Family:     | 99.00                                  |          |  |
| N 6 11 .  | Student:    | 43.00                                  |          |  |
| Mail to:  | _           | 1 7 12                                 |          |  |

Barbara Franklin 8840 West River Road Minneapolis, MN 55444