

IWLA Breckenridge Chapter
Membership Application:

Name: _____ Date: _____

Address: _____

Phone: _____

E-Mail: _____

Birthdate _____

Dues are subject to change.

Please make check payable to: IWLA, Walter J. Breckenridge Chapter

Membership Dues:

Individual:	75.00
Family:	99.00
Student:	43.00

Mail to:

Barbara Franklin
8840 West River Road
Minneapolis, MN 55444

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