

**IWLA Breckenridge Chapter**  
**Membership Application:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dues are subject to change.

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

Membership Dues:

|             |       |
|-------------|-------|
| Individual: | 71.50 |
| Family:     | 99.00 |
| Student:    | 43.00 |

Mail to:

Karen Ostenso  
3742 Logan Ave N  
Minneapolis, MN 55412.