

ASSOCIATE MEMBERSHIP APPLICATION

For more information, contact Ruth Duran Deffley, membership and chapter coordinator,
at ruth@mncn.org or 651-757-3070

Yes! I want to join MCN as an associate member!

your information

main contact name

business name *(as you would like it listed in promotional materials)*

organization's street address

city / state / zip

ten digit phone

organization's e-mail

contact person's e-mail

organization's Web site

payment

Annual Commitment

_____ \$100 Basic

_____ \$250 Supporter

_____ \$500 Advocate

_____ \$1,000 Ally

Mail or fax this form and your annual dues to:
MCN, 2314 University Ave. W., Ste 20,
St. Paul, MN 55114, or fax form and payment to 651-642-1517.

Fees enclosed: _____

Check enclosed. Please bill my credit card.

card #

exp. date

name (as it appears on card)

organization name (if corporate card)

billing address (if different than above)

cardholder signature