

Northerns Inc.

Membership Application

Date of Application: _____

Full Name: _____ Phone Number: (____) _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Mandatory – Email Address: _____

Make Check payable to: **Northerns Inc.** **Annual Membership Fee: \$25**

Send to: Northerns Inc.
C/o Rhonda Wickham
2570 Eagan Court
Fort Ripley, MN 56449

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