

MINNESOTA ASSOCIATION OF SENIOR SERVICES

Membership Application

PLEASE PRINT OR TYPE

Date: _____

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____) _____ Fax: (_____) _____

E-Mail Address: _____

Membership Type: Renewal New Referred By: _____

(The above information is included in a membership directory distributed annually to members)

Please provide the information below for MASS Award and special correspondences

Supervisors Name: _____

Work Phone: (_____) _____ Fax: (_____) _____

E-Mail Address: _____

Senior Board President, Member or Colleague Name: _____

Work Phone: (_____) _____ Fax: (_____) _____

E-Mail Address: _____

Dues: \$25 per Year (*October 1, 2018 – September 30*)

Make Checks Payable to: MRPA/MASS

Send dues to:

Lacelle Cordes
Rosemount Parks & Recreation
13885 South Robert Trail
Rosemount, MN 55068-3438

Phone: 651-322-6011

Fax: 651-322-6080

E-mail: lacelle.cordes@ci.rosemount.mn.us

FOR OFFICE USE ONLY:

Amount Paid \$ _____

Check # _____

Date Received _____

Staff Initials _____