



MEMBERSHIP APPLICATION

Membership Type:
(Please check one)

- \$20 – Individual (1 year)
- \$30 – Family (1 year)
- \$20 – Trainer Individual (1 year)
- \$30 – Trainer Family (1 year)
- \$75 – Vendor (1 year)

Applicant Information:

Name: _____

Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary Email: _____

Secondary Email: _____

***Please check if any information has changed since previous year ☐*

Family Information:

Spouse: _____

Minor Children: _____

Vendor Information:

Contact: _____

Membership year is January 1 – December 31 or any portion thereof. Membership dues are payable in advance and are non-refundable.

Membership includes FREE lunch (at Annual Meeting or picnic) and access to the following: www.mapfha.org, MAPFHA group on Facebook, and advertising opportunities via mapfha.org.

Enclose this completed application with your check made payable to MAPFHA and mail to:

Chuck Hauser
MAPFHA Membership
1822 – 115th St. W, #132
Shakopee, MN 55379

****Questions please call or email – 612-710-9470 or Chuck.hauser@earthlink.net**

Please do not publish my personal information ☐