



6600 Jansen Ave. NE, PO Box 167, Albertville, MN 55301
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2009 - 2010 FAMILY COMPETITION MEMBERSHIP FORM

Family Name _____

Address _____

City _____ State/Prov _____ Zip _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax: _____

Email address: _____

FAMILY MEMBERSHIP – MUST BE AT LEAST 3 FAMILY MEMBERS (AT THE SAME ADDRESS) FOR DISCOUNT

Member Name _____

Member Name _____

Member Name _____

Member Name _____

Member Name _____

Please attach individual membership forms for each family member (and minor waivers, if applicable). Add the total of all memberships, less 15% and put the total on the line below. (There is no added fax/ mailing fee for Family Memberships as online membership is not available for Family Membership Discount).

TOTAL COST OF FAMILY MEMBERSHIPS: \$ _____ less 15% _____ = \$ _____

Fees: \$135* yearly membership \$80* 120 membership

Credit Card Number _____

Three digit code on back _____ Exp. Date _____

Cardholder Name _____ Cardholder Signature _____

PLEASE ATTACH INDIVIDUAL MEMBERSHIPS FOR EACH FAMILY MEMBER