



375 Jackson Street Suite 250
St. Paul, Minnesota 55101
651-298-8908

Membership Form

Personal Information (Please fill out completely)

Date: _____ Name: _____

Organization (if applicable): _____

Address: _____ City: _____ State: _____

Zip Code: _____ Ethnicity _____ Date of Birth _____
(required for senior or minor)

DL/ MN ID/ Student ID _____

Home Telephone: (____) _____ Work: (____) _____

_____ I would like to be notified of **SPNN** special events and opportunities via the newsletter and email. e-mail address: _____

New Member: _____ Renewal: _____

Membership Types

_____ \$20 Limited Income (must submit EBT card, Minnesota Health Care Programs card, or Section 8 document, or be 100% disabled veteran, or have a salary below the national poverty level of \$16,000- must show pay stub)

_____ \$25 Student

_____ \$25 Senior Citizen (must be 65)

_____ \$35 St. Paul Resident

_____ \$60 Minnesota Resident

_____ \$110 Non-Minnesota Resident

_____ \$110 Organization

Organization member's names and address' (if you selected Organization)

1. _____
2. _____
3. _____
4. _____
5. _____

Staff Use Only

Verify Form: _____ Amount Received: _____ Cash: _____ Check: _____

Added to Database: _____ User Number Given: _____ Staff Initial: _____

Administrative Use Only

Added to Mailing List: _____ Added to Member List: _____