

## **Membership Form**

## Become a member today!

Fill out this form with your check payable to: Minnesota Dragonfly Society

Please Choose a Category:
\$15 Student/Senior
\$25 Individual **
\$30 Family

Name(s)			
Address	City	State	Zip
Addicas	City	State	Σip
Email Address (Required – This is where	you will receive the MDS news	sletter and event inv	vites)
	New or Renewal (please circle one)		
Phone No.	Membership Status		
Dragonfly Related Interests (optional)			
Date	How did you hear about N	MDS?	_
**Please inquire in regards to volunteer info@mndragonfly.org  Mail to: Minnesota Dragonfly Society PO Box 46192 Plymouth MN 55446		,	, 3
**Keep the below	v section for your own records		>>>>>
Date:			
Membership Status: Renewal or New	Minne	sota	
Membership Amount:	MITTITIO		
Authorized by: Name (print	Drago	Signature	7
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