

Membership Form

Become a member today!

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

Name(s)			
Address	City	State	Zip
Email Address (Required – This is where	you will receive the MDS newsl	letter and event in	vites)
	New or Renewal (please circle one)		
Phone No.	Membership Status		
Dragonfly Related Interests (optional)			
Date	How did you hear about M	IDS?	
**Please inquire in regards to volunteer/ info@mndragonfly.org	scholarship memberships that	may be available b	by contacting
Mail to: Minnesota Dragonfly Society PO Box 46192 Plymouth MN 55446			
**Keep the below	section for your own records in		>>>>>>
Date:	>		
Membership Status: Renewal or New	Minne	sota	
Membership Amount:			li .
Authorized by:Name (print	Drago.	Signature	7
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