

I Would Like to Join Woodcock Minnesota

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Email _____

Phone _____ - _____ - _____

___ YEARLY MEMBERSHIP \$25

___ LIFE MEMBERSHIP \$300

Mail this form and check to:

Woodcock Minnesota

PO Box 128

Brainerd, MN 56401

Where did you learn about Woodcock Minnesota?
