

MKA MEMBERSHIP FORM

Your MKA membership runs from spring conference to spring conference.
Please print. Send a check for \$25 payable to MKA to Lisa Shoneman,
503 E Hawthorne Street, Albert Lea, MN 56007

Name:

Permanent Address:

City:

State:

ZIP Code:

County:

Home Phone:

Area code ()

School Phone:

Area code ()

Email Address:

School Name:

School Address:

City:

State:

ZIP Code:

MEMBERSHIP DUES

Membership Dues

\$25.00

Total amount enclosed with Membership Form

\$