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# Minnesota Workforce Association



## 2005 Membership Application

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Location & Cost Center: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office E-mail Address: \_\_\_\_\_

**DUES** (check one):

- 55.00 Full Member
- \$27.50 Full Retiree

**PAYMENT METHOD** (check one):

- Check (**Please make check payable to:**  
(Minnesota Workforce Association)
- Purchase order & P.O. # \_\_\_\_\_
- Credit Card (**Please enter information below.**)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Card No: _____
Expiration Date: _____	Authorized Signature: _____	

**Send this completed form with payment to:** Mike Doran, Rochester WorkForce Center (0700),  
300 11<sup>th</sup> Ave NW, Ste 112, Rochester, MN 55901

Recruited by: \_\_\_\_\_

**Thank you for joining!**