POMMERN REGIONAL GROUP OF MINNESOTA
MEMBERSHIP APPLICATION OR RENEWAL

Annual household dues $12.00 (January-December)

Name:_____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **E-mail** _____

New Membership ____ **Renewal Membership** ____ **Date filled out** _____

Make checks payable and mail to: **Pommern Regional Group of Minnesota**
Attn: Membership
1385 Mendota Heights Road, Suite 100
Mendota Heights, MN 55120-1367

List the Surnames you are researching in Pommern

Surname	Kreis	Village/City

Staff - please fill this portion out

Please write the number of years the member paid for _____

Was this paid by check? _____#_____ If so attach check to form

Was this paid in cash? _____

Thank You Very Much