

FGGMn MEMBERSHIP APPLICATION

Annual Dues: \$20.00 per household
Make check payable to: FGGMn

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE # : _____ E-MAIL ADDRESS: _____

Mail application and check to:

Carol Schwartzbauer
1717 Marshall Avenue
St. Paul, Mn. 55104