



550 Vandalia St.
St. Paul, Minnesota 55114
651-298-8908

Membership Form

An Active membership requires a photo ID, verifiable address and a working phone number.

Personal Information (Please fill out completely)

Date: _____ Name: _____

Organization (if applicable): _____

Address: _____ City: _____ State: _____

Zip Code: _____ Ethnicity _____ Gender _____ Date of Birth _____
(required for senior or minor)

DL/ MN ID/ Student ID _____

Home Telephone: (____) _____ Work: (____) _____ Cell:(____) _____

e-mail address: _____

_____ I would like to be notified of **SPNN** special events and opportunities via the newsletter and email

New Member: _____ Renewal: _____

Membership Types

_____ \$25 Limited Income (must submit EBT card, Minnesota Health Care Programs card, or Section 8 document, or be 100% disabled veteran, or have a salary below the national poverty level of \$16,000- must show pay stub)

_____ \$35 Student

_____ \$35 Senior Citizen (must be 65)

_____ \$50 St. Paul Resident

_____ \$75 Minnesota Resident

_____ \$150 Non-Minnesota Resident

_____ \$150 Organization (\$25 for each additional member over five) List names, phone number and address on the back.

Additional Donation

_____ \$10

_____ \$25

_____ \$50

_____ other

How did you find out about SPNN?

- Comcast promo spot
- From a Friend
- Newspaper: _____
- Online: SPNN e-newsletter SPNN website SPNN FB page Twitter
- Poster: where _____
- Library _____
- Rec Center _____
- Other: _____

Organization member's names and address' (if you selected Organization)

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____

4. Name _____ Phone _____
Address _____

5. Name _____ Phone _____
Address _____