



Minneapolis Area Senior Workers Association Membership Application

Name _____ Date _____

Agency _____ Position _____

Mailing Address		
City		State
Zip Code	Cell #	Fax
Work #	Home #	
Email Address		

Please select from the following:	
New Member (\$20) <input type="checkbox"/>	Membership Renewal (\$20) <input type="checkbox"/>
Retired MASWA Member (Free) <input type="checkbox"/>	
Student New (\$15) <input type="checkbox"/>	Student Renewal (\$15) <input type="checkbox"/>

I am also choosing to donate \$_____ in addition to my dues.

Please use this money for: General Operations Development

Scholarships Other_____

I am interested in participating on the following committee(s).

Please contact me about:

Conference Program Public Policy Communication

Membership Education Community Outreach Nominating

RETURN TO: MASWA | PO BOX 26630 | Minneapolis, MN 55426
QUESTIONS: info@seniorworkers.org | www.seniorworkers.org