KATOLAND CONNECTION CLUB

Application or Renewal of Membership

Make checks payable to: Katoland Connection
P.O. Box 571
Mankato, MN 56002-0571

$10.00 Single Membership
$15.00 Couple Membership

☐ New Member
☐ Renewal 2009 ☐ Renewal 2010

PLEASE PRINT LEGIBLY

_____ _____ _____ _____
Member's First Name Maiden Name (if applicable) Member's Last Name School Attended/Year

_____ _____ _____
Spouse's First Name Maiden Name (if applicable) School Attended/Year

Permanant Address **Winter Address** (from _____ to _____)

_____ _____
Street Apt. # Street Apt. #

_____ _____
City State Zip City State Zip

_____ _____
Phone Phone

_____ _____
E-mail address

COMMENTS _____

_____

*For membership office use only. Check number:*_____ *Amount Paid:*_____ *Date:* _____