



MEMBERSHIP FORM

Business Member _____ Individual Member _____

Business Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone _____ Fax _____

E-Mail _____

Yearly Membership: Business \$100/yr, Individual \$30/yr

I would be interested in the following:

Serving on Committees _____ Serving on the Board of Directors _____

Volunteering for Events _____ Mandan Bucks Program _____

***411 West Main Street
Mandan, ND 58554***

***701.751.2983
www.mandanprogress.org***

MAKING A DIFFERENCE!