

KRRC MEMBERSHIP FORM

Year _____

Member(s) Name:

Mailing Address:

Phone Number(s):

E-Mail Address:

Membership: Family @ \$25/yr. _____ Individual @ \$15/yr. _____ Additional
Donation \$ _____

Make checks payable to: KRRC

If you'd prefer to use a credit or debit card, please complete the following:

Card Type: Mastercard Visa American Express

Card Number:

Security Code: _____ Expiration Date: _____

Billing Address (if different than listed above):

Signature Authorizing Payment:

Mail completed form to: KRRC, PO Box 266, Knife River, MN 55609