

MEMBERSHIP APPLICATION

Date:



VALDRES

Valdres Samband
Attn: Membership
8014 Olson Memorial Highway #263
Golden Valley MN
55427

www.valdresamband.org

Member Name:

Address:

City:

State/Province: Zip/Postal Code:

Phone: Email Address:

What is your interest in Valdres?

Membership Term: U.S. 1 Year (\$15) 3 Yrs (\$40) Outside U.S. 1 Year (\$20) 3 Yrs (\$50)

Make check payable to "Valdres Samband"

Why not send a gift membership to a family member or other person interested in the Valdres Samband?

Member Name:

Address:

City:

State/Province: Zip/Postal Code:

Membership Term: U.S.: 1 Year (\$15) 3 Yrs (\$40) Outside U.S.: 1 Year (\$20) 3 Yrs (\$50)

Make check payable to "Valdres Samband"

Message on Gift Card:

Comments/Additional Information: