Association Membership Application Form

Name____

Address____

City/State/Zip Code____

Email Address____

Name____

Address____

City/State/Zip Code____

Email Address____

Note: Only individual memberships are sold, i.e. a couple or a business must purchase a membership for each individual separately.

Membership cost is $3.00 for 3 years.

Please submit application and payment to:

RiverView Healthcare Association
323 South Minnesota Street
Crookston, MN 56716

Attn: Sharon Lanctot, Administration

TOTAL AMOUNT ENCLOSED $_______________________