

MDIAI ANNUAL DUES RENEWAL FORM

First, Middle, Last Name _____ Member # _____

Employed by _____ Official title _____

Business address _____ Zip+4 _____

Phone () _____ Fax () _____ e-mail _____

Home address _____ Zip+4 _____

Do you prefer your mail be sent to your home _____ or office _____ or email _____?

The \$15 membership fee must accompany all renewal applications. An additional \$5 for a lapel pin (plus 50 cents shipping) is optional.

Signature of Member _____ Date _____

Return completed form and membership fee to: Jennifer Jaspersen,
Secretary/Treasurer MDIAI
6925 75th Avenue North
Brooklyn Park, MN 55428