

# MINNESOTA ASSOCIATION OF SENIOR SERVICES

## Membership Application

PLEASE PRINT OR TYPE

Date: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Membership Type:  Renewal  New Referred By: \_\_\_\_\_

(The above information is included in a membership directory distributed annually to members)

Please provide the information below for MASS Award and special correspondences

Supervisors Name: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Senior Board President, Member or Colleague Name: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Dues:** \$40 per Year (*October 1, 2023 – September 30, 2024*)

**Make Checks Payable to: MRPA/MASS**

### Send dues to:

Lacelle Cordes  
Rosemount Parks & Recreation  
13885 South Robert Trail  
Rosemount, MN 55068-3438

Phone: 651-322-6011

Fax: 651-322-6080

E-mail: [lacelle.cordes@ci.rosemount.mn.us](mailto:lacelle.cordes@ci.rosemount.mn.us)

### FOR OFFICE USE ONLY:

Amount Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date Received \_\_\_\_\_

Staff Initials \_\_\_\_\_