MINNESOTA ASSOCIATION OF SENIOR SERVICES

Membership Application

PLEASE PRINT OR TYPE

Date: _____ Website_____

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip:_____

Work Phone: _(_____)_____ Cell: _(_____)_____

E-Mail Address: _____

Membership Type: ☐ Renewal ☐ New Referred By: _____

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

Dues: $40 per Year *(January 1 – December 31, 2026)*

Make Checks Payable to: MRPA/MASS

Send dues to:

Jamie Ramacher
City of New Brighton
400 10th Street NW
New Brighton MN 55112

Phone: 651-638-2148
E-mail: Jamie.ramacher@newbrightonmn.gov

FOR OFFICE USE ONLY:

Amount Paid $_____

Check # _____

Date Received _____

Staff Initials _____