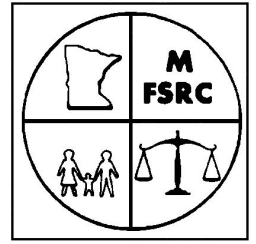


Minnesota Family Support and Recovery Council

Annual Membership Application
Please Fill Out Completely and Print Legibly

Include Annual Fee of \$10



Last Name

First Name

Middle Initial

Title

E-Mail Address

Agency

Agency Phone

Agency Mailing Address (Use Correct Street Address or PO Box)

City

State

Zip

Mail completed application and check for \$10 to: MFSRC, C/O John Stark, St. Louis County Child Support, Rm 110 Govt Svcs Center, 320 W. 2nd Street, Duluth, MN 55802.