

Please Renew Your Annual Cardinal Pride Membership Today!

CARDINAL PRIDE ANNUAL MEMBERSHIP ENROLLMENT

Date _____

Membership Levels:

Red & White \$25.00 _____

Cardinal \$100.00 _____

(Name to be published in brochure with designation for Red & White and Cardinal Levels)

Name(s) _____ City _____

Address: _____

Telephone: _____ Email: _____

_____ Please do not publish my name in the fall and winter brochures as acknowledgement of my membership level

_____ Yes, I would like to help Cardinal Pride as a volunteer.

_____ I would like to contribute to the Cardinal Pride Endowment Fund. Please contact me at the above address.

Please mail your dues and enrollment form to: CARDINAL PRIDE, P.O. Box 1534, Willmar, MN 56201