

## MEMBERSHIP FORM

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_

1 Year- \$20 \_\_\_\_\_ 2 Years- \$40 \_\_\_\_\_ 3 Years - \$55 \_\_\_\_\_ 5 Years- \$70 \_\_\_\_\_

**NEW** GIFT MEMBERSHIP: 1 Yr. \$15 \_\_\_\_\_ \*\*

NORWAY & CANADA – same rate in U.S. Dollars

*Member's Full Name:* \_\_\_\_\_

*Household Members included in Membership:*

*Name(s)* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Email* \_\_\_\_\_ *Phone* \_\_\_\_\_

*\*\*If the member listed above is the recipient of a gift from you, please provide contact information. The recipient will be informed of your gift*

*Name* \_\_\_\_\_ *phone* \_\_\_\_\_

*Address* \_\_\_\_\_

*Email address* \_\_\_\_\_

*Please complete and return this form with your payment to the address below.*

Hallinglag of America  
Jayne Piepenburg  
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Litchfield, MN 55355