



**2015 MEMBERSHIP FORM**

Return form along with \$5.00 Dues to:  
Jessica J. Aggen  
27133 146<sup>th</sup> Street, Harmony MN 55939  
[jessicaaggen@hotmail.com](mailto:jessicaaggen@hotmail.com) 701-866-3545

TODAY'S DATE: \_\_\_\_\_

Full Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade in School: \_\_\_\_\_

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

County: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Farm Name: \_\_\_\_\_

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

Cell Phone(s): \_\_\_\_\_

Work Phone(s): \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_