

# MAPSA MEMBERSHIP APPLICATION

(Please Print)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Agency/Organization: \_\_\_\_\_

Position: \_\_\_\_\_

*Please send your \$20 individual membership fee to, MAPSA, Grain Exchange Building, Commerce Station, PO Box 15232, 301 Fourth Street, Minneapolis, MN 55415*

## MAPSA

Grain Exchange Building  
Commerce Station  
PO Box 15232  
301 Fourth Street  
Minneapolis, MN 55415