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Proudly Serving Charitable Gambling Organizations Throughout Minnesota

2011 ACM Associate Membership Form

Dues: \$250

New Renewal

Check Enclosed \$250 \$500* \$750* Other*

Contact Person: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: (____) _____ Toll-free: (8____) _____

Contact Person E-mail: _____

Manufacturer Distributor Accounting Other

Membership Year: **Renewals - 12 months** from expiration date of 2010 membership.
New - 12 months starting with postmark month on return envelope with form & dues.

Your 2011 Membership Certificate will be sent to you along with
a paid receipt when we receive your associate membership form and payment.

To ensure proper credit you must completely fill out the registration form above and mail to:

Allied Charities of Minnesota (ACM)
Attn: King Wilson
225 9th St E Unit 309
Saint Paul MN 55101-2514

*2011 dues plus additional contribution.