



Membership Application Form

Name: _____ Date: _____

Company Name: _____
(if applicable)

Email Address: _____

Phone Number: _____

Phone Number (2): _____

Address: _____

Level of Membership

Individual - \$25 _____

Business - \$50 _____

Sustainer - \$250 _____

Please return to:

FFDRC
PO Box 339
Fergus Falls, MN 56538

For more info: <http://www.ffriver.org>
FF Downtown Riverfront Council is a 501c3 Non-Profit