



Minnesota Family Support and Recovery Council



Annual Membership Application
Please Fill Out Completely and Print Legibly

Include Annual Fee of \$10

Last Name

First Name

Middle Initial

Title

E-Mail Address

Agency

Agency Phone

Agency Mailing Address (Use Correct Street Address or PO Box)

City

State

Zip

Mail completed application and check for \$10 to:

MFSRC Membership
Benton County Human Services
Teri Nielsen
Box 740
Foley, MN 56329
(320) 968-5116