

Membership Application

Name _____

Address _____

Phone _____

Email _____

Please Keep me informed on KARE's issue's by: _____ Email _____ Regular Mail

- \$10 - 1 Year \$15.00 - 2 Years \$35 - 5 Years \$100 - Lifetime

Please make checks payable to:

KARE

Please send finished application
with payment to:

KARE

122 West Main Street, Suite #2
Kasson, MN 55944