

MEMBERSHIP APPLICATION

MEMBERSHIP DUES

— \$1000 SUSTAINING MEMBER

— \$250 GOLD BUSINESS MEMBER

— \$100 BUSINESS MEMBER

— \$40 FAMILY MEMBER

— \$25 INDIVIDUAL MEMBER

— \$10 YOUTH MEMBER

— \$0 SUPPORTING MEMBER

NAME(S)/ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

In addition, I wish to make the following contribution: \$

Detach and mail with payment to: SDCSP PO Box 724 Sioux Falls, SD 57101