



2023 MGRC MEMBERSHIP APPLICATION

Member Information

First Name _____ Middle Initial ____ Last Name _____

Position _____

Association, Firm, Business, etc. _____

Address _____ City, State, Zip _____

Business Phone Number _____ Cell Phone Number _____

E-mail Address _____

Please note that your name will appear in our 2023 Printed Directory as it's written above. In order for your information to be included, we must receive this form before Monday, October 24. You're also welcome to email us your information.

Membership

(There shall be one person from each company paying the Principal Voting Member rate; all others from that company shall pay the Associate Voting Member rate.)

Principal Voting Member (Required): \$215.00 _____

Associate Voting Member: \$130.00/per additional member _____

Total Amount: _____

Please return this membership application with your check or credit card information to:

Minnesota Governmental Relations Council
10700 W. Hwy 55, Suite 275, Plymouth, MN 55441

OR you may join on-line at www.MnGRC.org

Please use name and billing information connected with card.

Name _____

Address _____ City, State, Zip _____

Card Type: Visa / Mastercard / American Express

Credit Card Number _____ Expiration Date _____ CCV Code _____

If you have any questions, please contact the MGRC office at 952-564-3074 or info@mngrc.org. Please remember to submit an electronic photo that may be used for the MGRC Membership Directory.