

MARS
MEMBERSHIP
APPLICATION / RENEWAL
FORM
YEAR 2005

To continue your membership or to obtain a new membership, simply fill out the application form below, include your check or money order for **\$20.00 payable to MARS**, and mail it to:

Rebecca A. Stanoch, MARS Treasurer
Stearns County Community Corrections
705 Courthouse Square
St. Cloud, MN 56303

If you have any questions regarding this application, please call (320) 656-6183 or fax your request to: (320) 656-6439.

MEMBERSHIP APPLICATION / RENEWAL FORM		
NAME: _____		
COUNTY: _____		
AGENCY ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
PHONE: () _____	FAX: () _____	
E-MAIL ADDRESS: _____		