

ROMERIKSLAGET MEMBERSHIP APPLICATION

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Annual Dues are \$15.00 for individual or \$20.00 for household, \$20.00/person for non USA.

NAME(S)

ADDRESS:

CITY:

STATE: _____ ZIP: _____

TELEPHONE:

FAX: _____

E-MAIL:

LIST ROMERIKE ANCESTRAL AREA(S):

1.

2.

CHECK ALL THAT APPLY:

Please send me a sample newsletter

I would like to join. Enclosed is my check payable to: Romerikslaget