

IMPERIAL COURT OF MINNESOTA

MEMBERSHIP FORM

\$25.00 Renewing _____ New Member _____ Reign _____

Please write legibly

Legal Name: _____

Stage Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____

E-Mail: _____

Preferred Method of Contact: Select one or more from the list below!

E-Mail _____ Phone _____ Mailing Address _____ Facebook/Facebook Messenger _____

Please note that if you change your e-mail, phone number, and/or address, you are responsible for notifying the Executive Secretary of the change(s).



My signature below signifies that I am a resident of the State of Minnesota, and that I am at least eighteen years of age. Also by signing this, I hereby agree to abide by the Bylaws, Standard Operational Procedures, and Code of Conduct of the Imperial Court of Minnesota.

Signature: _____ **Date:** ____ / ____ / ____

Submitted to: _____ or turn into any Executive BOD Member

Make checks payable to the "Imperial Court of Minnesota"

FOR OFFICE USE:

CASH ____ CHECK # _____

CC ____

DATE PAID ____ / ____ / ____

MAIL COMPLETED FORM TO:
Imperial Court of Minnesota
Attn: Secretary / Treasurer
P.O. Box 582601
Minneapolis, MN 55403