

**St. David's Society of Minnesota**  
**MEMBERSHIP FORM**

Name \_\_\_\_\_

If family membership, include all names to be listed.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Membership category: Single Annual (\$15) \_\_\_\_\_; Couple/Family Annual (\$22) \_\_\_\_\_

Supporting Annual (\$50) \_\_\_\_\_; Life (\$175) \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_ (Make check payable to St. David's Society of Minnesota, note "membership")

Mail to: Kay Gavin  
2737 N. Aglen Ave.  
Roseville, MN 55113

or contact Kay at: [kaywgavin@hotmail.com](mailto:kaywgavin@hotmail.com)

**Membership year is July 1–June 30.**  
You may pay for multiple years in advance.

*Diolch yn fawr.*