


MCHA MEMBERSHIP

\$40 Family \$30 Single

Name _____

Social Security # _____ **NCHA #** _____

Street Address

City / State / Zip _____

Telephone _____

E-mail Address _____

Renewal date _____

Please mail to: Dava Scribner, 32055 Hemmingway Avenue, Stacy, MN 55079
