

**MINNESOTA SHERIFF'S MOUNTED POSSES ASSOCIATION, INC.**

*Association Dues and Information Sheet*

Posse Name: \_\_\_\_\_

Captain Contact:

Secretary:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Addr: \_\_\_\_\_

Addr: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Sherriff's Name: \_\_\_\_\_

Sherriff's Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook Page or other Social Media: \_\_\_\_\_

\_\_\_\_\_

Dues Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ # of Members: \_\_\_\_\_

Regular Meeting Day: \_\_\_\_\_

Please Return Form and payment to:

**Jolene Briard**

[jolene.briard@gmail.com](mailto:jolene.briard@gmail.com)

**PO Box 296**

**Gaylord MN 55334**

*Membership Dues for MSMPA is a \$40.00 Base Fee, plus \$3.00 per member*

***PAYMENTS DUE PRIOR TO JANUARY 31<sup>st</sup>***

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	<b>Name</b>	<b>Rank</b>	<b>Address</b>	<b>Email</b>	<b>Phone #</b>
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