

**3M CLUB GENEALOGY CLUB
2019 MEMBERSHIP APPLICATION**

Name: _____ 3M Phone: _____

Dept. Name: _____ 3M Address: _____

Home Address: _____
Street City State ZIP

Home Phone: _____ 3M Employee No. _____ Retired (Y/N) _____

Preferred E-Mail Address: 3M ___ Other ___ _____
(If other, please provide address.)

Dues, which support seminars and other activities, are \$20.00 per year. Please make checks payable to:

3M CLUB GENEALOGY CLUB

Mail form/payment to:

Kelly Alaspa * 3M Separation & Purification Sci. Division * 236-1D-99 * St. Paul, MN 55144-1000

Questions? Send us an e-mail: info@mmmgeneclub.org
or visit our website at <http://www.mmmgeneclub.org/>

