

Nordfjordlag in America

Sunday, September 15, 2019

Memberships / Reservations / Memorials

Memberships:

Mr. _____

Mrs. _____

Ms. _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Phone: _____ Cell: _____

Yearly Memberships: _____ @ \$10.00 per person \$ _____

Life Memberships: _____ @ \$100.00 per person \$ _____

Meal Reservations (Each includes lunch, coffees & banquet):

Names: _____

Address: _____

City, State, Zip: _____

Number of Members: _____ @ \$40.00 per person \$ _____

Number of Guests: _____ @ \$50.00 per person \$ _____

Memorials:

If you would like to honor or remember someone with a donation to the Nordfjordlag, please complete the following:

Given in Honor of _____ \$ _____

Given in Memory of _____ \$ _____

Special donation to Bunad Fund _____ \$ _____

Total - Memberships / Reservations / Memorials: \$ _____

Please make check payable to "Nordfjordlag" for the total amount.

Mail this form and your check to:

Bob Swanson
16226 Grinnell Avenue
Lakeville, MN 55044