

Nordfjordlag in America

Sunday, September 16, 2018

Memberships / Reservations / Memorials

Memberships:

Mr.

Mrs.

Ms. _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Phone: _____ Cell: _____

Number of yearly Memberships: _____ @ \$10.00 per person \$ _____

Number of life Memberships: _____ @ \$100.00 per person \$ _____

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

Name: _____

Address: _____

Number of Members: _____ @ \$25.00 per person \$ _____

Number of Guests: _____ @ \$35.00 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 _____ \$ _____

Given for New Bunad _____ \$ _____

Total - Memberships / Reservations / Memorials: \$ _____

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

Mail completed form and your check to:

Bob Swanson

16226 Grinnell Ave.

Lakeville, MN 55044