

IMPERIAL COURT OF MINNESOTA

MEMBERSHIP FORM

\$25.00 Renewing ____ New Member ____ Reign ____

Preferred Method of Contact: Select one or more from the list below!

E-Mail ____ Phone ____ Mailing Address ____ Facebook/Facebook Messenger ____

Please note that if you change your e-mail, phone number, and/or address, you are responsible for notifying the Executive Secretary of the change(s).

Legal Name: _____

Stage Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____

E-Mail: _____



My signature below signifies that I am a resident of the State of Minnesota, and that I am at least eighteen years of age. Also by signing this, I hereby agree to abide by the Bylaws, Standard Operational Procedures, and Code of Conduct of the Imperial Court of Minnesota.

Signature: _____ Date: ____ / ____ / _____

FOR OFFICE USE:

CASH ____ CHECK # _____ CC ____

DATE PAID ____ / ____ / _____

MAIL COMPLETED FORM TO:

Imperial Court of Minnesota

Attn: Secretary / Treasurer

P.O. Box 582601

Minneapolis, MN 554578

Submitted to: _____ or turn into any Executive BOD Member

Make checks payable to the "Imperial Court of Minnesota"