



St Boni Area Community Development Group

Membership Application

Business or Individual Name: _____

Physical Address: _____
(Including city, state, zip)

Mailing Address: _____
(Including city, state, zip)

Telephone: _____ Fax: _____

Email: _____ Website: _____

Primary Contact Name: _____ Title: _____

Signature: _____ Date: _____

Please attach a \$50.00 check payable to:

St. Boni Area Community Development Group
Box 467
St. Bonifacius, MN 55375

Questions??

Please contact: Fred Keller, President: Cell: 612-419-5932