

WOTM REGISTRATION FORM

2014 Annual Convention
St. Cloud Moose Lodge
September 25-28

CHAPTER NAME/NO: _____

COWORKER'S NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE & EMAIL: _____

OFFICER or CHAIRMAN (TITLE): _____

DEGREES HELD: ___ A/F ___ C/R ___ STAR ___ PDGR ___ GREEN CAP

\$10.00 Registration fee enclosed: (Y/N) _____

\$15.00 Green Cap Registration fee enclosed: (Y/N) _____

Mail Check to: Sharon Kuklok
St. Cloud Chapter 417
8568 – 421st Street
Rice, MN 56367-9575



Or email to: chapter417@mooseunits.org