

The information below will be printed in the 2024 directory if postmarked by 12/31/2023.
WRITE ANY CHANGES OR CORRECTIONS ON THIS FORM AND RETURN WITH PAYMENT.

Do You Want a *Directory*? ☐ Yes ☐ No

Please provide your Email address: _____ Member # _____

Name _____

Address _____



2024 RENEWAL INVOICE

\$35 U.S.

 RENEWAL FEE

To
MSRA Membership
PO Box 431
Hastings, MN 55033

CK# _____
Amount _____

←
← please complete
←

\$30 fee charged on returned checks

Return this invoice with your renewal fee postmarked by Dec. 31, 2023.

Return Entire Form! • Do Not Cut! • Return Entire Form! • Do Not Cut! • Return Entire Form! • Do Not Cut! • Return Entire Form!