



MINNESOTA STATEWIDE ACTIVITY PROFESSIONALS

*"A source for education, support, ideas, and opportunities
to enhance the lives of those we serve."*

MN SWAP MEMBERSHIP APPLICATION

Renewal _____ Membership # _____ First Time Member _____ Year applying for _____

Name _____
(Last) (First) (MI)

Facility _____

Facility Address _____

City _____ State _____ Zip _____

Facility Phone _____
(Area Code)

County _____ MNSWAP Region 1 2 3 4 5 6 7 (Circle One)

Home Address _____

City _____ State _____ Zip _____

Home Phone _____
(Area Code)

\$2.00 Heidi Sibben Memorial Scholarship Fund
(Please check if you wish to contribute. Include contribution with membership fee)

**SWAP'S MEMBERSHIP YEAR RUNS FROM JANUARY 1 through DECEMBER 31
DUES ARE \$25 ANNUALLY PER PERSON**

MAKE CHECKS PAYABLE TO MNSWAP

MAIL TO:
MNSWAP Membership c/oJulie Reginek / 36 – 7th Ave. SE / Hutchinson, MN. 55350

FOR OFFICE USE ONLY

DATE PAID _____ **AMT** _____ **CHECK #** _____ **CARD SENT** _____