ST. MINNESOMEPLACE

IN PARADISE PARROT HEAD CLUB, INC.

RESIDENT APPLICATION

DATE:_______________

NAME (1):	NAME (2):
MEMBERSHIP TYPE (1):	MEMBERSHIP TYPE (2):
ADDRESS:	
CITY, STATE, ZIP	
HOME TELEPHONE:	
WORK TELEPHONE(S):	
E-MAIL ADDRESS (1):	E-MAIL ADDRESS (1):
E-MAIL ADDRESS (2):	E-MAIL ADDRESS (2):

PERMISSION TO SHARE E-MAIL ADDRESS WITH OTHER MEMBERS: ___YES ___NO Yes, Share My Email Address
(NOTE: YOUR EMAIL ADDRESS WILL BE USED IN ALL St MSP CORRESPONDENCE)

OCCUPATION/COMPANY(1):	OCCUPATION/COMPANY(2):

AGE GROUP: ____ OVER 20 or ____ UNDER 21 Over 20 Parrot Head

BIRTH DATE(S) (MM/DD):

FAMILY MEMBERS & BIRTHDATES:

AUTOBIOGRAPHY OR HOW DID I COME TO BE A PARROT HEAD

HOW DID YOU HEAR ABOUT ST. MINNESOMEPLACE

PERSONAL INTERESTS AND HOBBIES

FAVORITE PARROT HEAD EXPERIENCE

FAVORITE JIMMY BUFFETT SONG OR BUFFETTISM

ANNUAL MEMBERSHIP
Social...where's the party? $25/person; $35/couple
Active...call me if you need me; $25/person; $35/couple
Adm Staff...fly around in G4's and smoke big cigars; $25/persxon; $35/couple

"THIS CONTRIBUTION IS NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION FOR FEDERAL INCOME TAX PURPOSES."

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Please Return Application and Payment to:

St. MinneSomePlace
PO BOX 390405
Edina, MN 55439-0405
Phone: 612-310-1629
www.St-MinneSomePlace.com Membership@St-MinneSomePlace.com