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*Proudly Serving Charitable Gambling Organizations Throughout Minnesota*

# 2019 ACM Associate Membership Form

## *Dues: \$300*

New       Renewal

Check Enclosed     \$300     \$500\*     \$750\*     Other\*

Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Toll-free: (800) \_\_\_\_\_

E-mail Contact: \_\_\_\_\_@\_\_\_\_\_

Manufacturer     Distributor     Accounting     Other

Membership Year: **Renewals - 12 months** from expiration date of 2019 membership.

**New - 12 months starting** with postmark month on return envelope with form & dues.

*To ensure proper credit you must completely fill out the registration form above and mail to:*

Allied Charities of Minnesota (ACM)  
3250 Rice St  
Saint Paul MN 55126-3080

\*2019 dues plus additional contribution.