

# FCGS Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Make checks (\$15.00) payable to FCGS & mail to:

FCGS  
1033 Bridge Avenue  
Albert Lea, MN 56007-2205

