



APPLICATION FOR LIFE MEMBERSHIP
MN REGION AACA

Name: _____ National AACA # _____

Address: _____

City: _____ State _____ Zip _____

Year joined MN Region _____

Chapter Affiliation (s) _____

MN Region Offices held and year held:

MN Region Committees chaired or worked on, with details:

Additional comments about nominee:

Form may be completed and submitted by any MN Region member in good standing.