

Twin City Postcard Club Membership Application

Please check one: New Member _____ Renewal _____ Reinstatement _____ Change of Information _____

NAME _____

STREET ADDRESS: _____

CITY/STATE/ZIP _____

TELEPHONE # (include area code) _____

E-MAIL ADDRESS (optional) _____

TYPES of POSTCARDS COLLECTED: _____

Mail completed application with check to TCPC, c/o Dianne Lamb, TCPC Membership Chair,
25145 Chippendale Ave, Farmington MN 55024
Total Dues annually: \$13 + \$1 for each additional member in the household