

New/Existing Member Application (June 2023 – May 2024)

First Name	Last Name			
Spouse/Significant Other's First Name	Spouse/Signit	ficant Other's Last N	lame (if different)	
Address			Δ	vpt #
City		Sta	ate ZIP Code	
				-
Telephone	Email Addres	s		
Alternate Telephone Alternate Email Address				
Children under 18:				
Child's First Name Year of Birth Child's First Name Year of Birth				
Child's First Name	Year of Birth	Child's First Name		Year of Birth
	Manahan sin sa	-		
Type of Membership Member since				
☐ Family \$ 20.00/				
Single/Seniors \$ 15.00				
Descendants of members qualify for a complimentary first year membership				
Date	Signature			
Please forward this form along with a check to TCSAA, 1861 Princeton Ave, St. Paul, MN 55105				
or email to mgaelli@gmail.com				
Internal: \Box MG \rightarrow \Box MH \Box ML	EDL Date:	Init:		