



2022 Membership Form

Name: _____

Address: _____

City: _____

State & Zip Code: _____

USTA Number _____

Phone: _____ MHRI text messaging: mnharness to 31556

E-Mail: _____

Please Note if your E-Mail has Changed

Annual Membership: \$60 x _____ = _____

Please make checks payable to MHRI and mail the completed form to:

MHRI, Inc
39125 20th Street
Janesville, MN 56048