



Membership Renewal Statement

Membership Level

- Organizational* \$100.00 (per year)
- Individual \$35.00 (per year)
- Student (full-time) \$15.00 (per year)
- Donation (fully tax deductible) \$ _____
- Total \$ _____

*An organizational membership can include up to 5 staff (including the primary contact) from the same organization. Please use the back of this form to provide us with additional names and contact information.

Contact Information

Primary Contact Name and Title: _____

Organization: _____ Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

County: _____ (work in) _____ (live in)

Legislative District: _____ (work in) _____ (live in)

Payment Method

- Enclosed is my check payable to MOAPPP
- Credit card (Visa/MC/Discover/AmEx)

Credit card # _____ Expiration Date _____ Signature _____

Name and address on the card if different than above: _____

- Go to www.charitybox.com/moappp and join online using a credit card

Complimentary Publication (please choose only one)

- Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy Summary*. Douglas Kirby, PhD, May 2007. The National Campaign to Prevent Teen Pregnancy
- Science and Success, Second Edition: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections*. Sue Alford, MLS, 2008. Advocates for Youth
- Do not send me a complimentary publication

Questions? Contact Charissa at 651-644-1447 x10 or moappp@moappp.org

over ►

Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting

1619 Dayton Avenue, Suite 111, St. Paul, MN 55104

651-644-1447 | 1-800-657-3697 | Fax: 651-644-1417 | www.moappp.org



Other Contacts at Organization

Name: _____
Title: _____ Program: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
County: _____ (work in) _____ (live in)
Legislative District: _____ (work in) _____ (live in)

Name: _____
Title: _____ Program: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
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Legislative District: _____ (work in) _____ (live in)