**AGENCY NAME:**

**KEY CONTACT NAME:**

**KEY CONTACT EMAIL:**

**KEY CONTACT PHONE:**

* **PLEASE CHECK BOX: I’m authorized to update the Membership Work account for the agency listed above.**

Your agency receives complimentary memberships as a part of 2024 Membership based on agency size. Please fill out the table below with contact information of Individual Members for 2024 for your Agency. Don't have everyone's info? No problem! Submit as you go.

Need to update or change info already submitted? Reach out to info@mnnahro.org

**Once this form has been submitted to info@mnnahro.org you will receive a confirmation of the Individual’s Memberships registration**

|  |  |  |  |  |
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|  | **FIRST & LAST NAME** | **TITLE** | **EMAIL ADDRESS** | **PHONE NUMBER** |
| 1 | Key contact  | Same as above  |  |  |
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