

THAO UNITED OF MINNESOTA

347 University Avenue West, St. Paul, MN 55103

Thao United of Minnesota Membership Form

Group Leader Name: _	
Group Number:	

Head of Household Name: _____

Address:______City, State, Zip:_____

Home Phone:______ Cell Phone:_____

No.	Name	Sex	Age	Relationship	Education
	(All Household members including yourself)				
1					
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