

Application for Nres Xeem of Thao United of Minnesota

347 University Ave. W St. Paul, MN 55103

WWW.THAOUNITEDOF MINNESOTA.ORG

PPLICANT	INFORMATION:							
rst Name:		Last Name	2:				Date	
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	AIMER AND SIGNATURE:							
I certify	that I have never committed any vi- ucts against the spouse of any of th							sexual
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miscond	that my answers are true and comp	olete.						