



2022 Membership Application/Renewal

Member Name _____

Contact Name _____

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

- By Checking this box, I hereby give the Highway 23 Coalition permission to use my name/organization name on any and all promotional materials.

Please make checks payable to:
Highway 23 Coalition
222 20th Street SE
P.O. Box 1783
Willmar, MN 56201

Direct questions to:
Aaron@kandiyohi.com
320-235-7370

Thank You!

Your membership allows us to work on increased accessibility, efficient commerce, and enhanced safety on Minnesota Highway 23. Your involvement multiplies our effectiveness.