

MEMBERSHIP APPLICATION

I wish to become a member of *The Legacy Society*. I qualify for membership as a result of providing the following planned gift to Bemidji State University.

_____ Outright bequest in will
_____ Unrestricted Use
_____ Restricted Use: _____

_____ Provision in a Charitable Remainder Trust

_____ A Charitable Gift Annuity

_____ Life Insurance (with Bemidji State University Foundation as owner and beneficiary)

_____ Real Estate

_____ Beneficiary of Remainder of Assets in Retirement Fund

- Please complete membership application

I/we do not qualify for membership in *The Legacy Society* at this time, but are considering a Planned Gift.

_____ Send more information at no obligation

_____ Contact me regarding establishing a planned gift to the Bemidji State University Foundation. (Provide name, address and telephone number.)

I/we prefer to remain anonymous. Do not include my/our names(s) in any publications or on a publicized membership roster.

Mail to:
The Legacy Society
Bemidji State University Foundation
1500 Birchmont Dr NE, Box 17
Bemidji, MN 56601-2699
(888) 234-5718 (toll free) or (218) 755-3991 (local)

The *Legacy* Society

recognizes the thoughtful generosity of those who have made planned gifts or provided for Bemidji State University Foundation in their wills. After completing the membership application page, please complete this membership application form:

Name(s) (Please Print):

_____	_____
_____	_____
_____	_____

Address (Primary):

City _____	State _____
Zip Code _____	

Address (Winter/Alternative):

City _____	State _____
Zip Code _____	

E-Mail Address: _____

Telephone Number(s):

Home: (____) _____ - _____
Mobile: (____) _____ - _____
Other: (____) _____ - _____

Birthday(s) (MM/DD/YYYY):

Initials:

_____	_____
_____	_____
_____	_____
_____	_____

Signature(s):

_____	_____
_____	_____
_____	_____

Date (MM/DD/YYYY): _____