



Membership Form

2020 Membership \$25

Name _____

Address _____

City/State/Zip _____

County _____ Phone _____

Email _____

Website _____

Amount enclosed

\$ _____

___ New

___ Renewal

*Make check payable to Artists of Minnesota and send to:
Dawna Erickson, P.O. Box 161244, Duluth, MN 55816*

New member option

I have introduced a potential member to Artists of Minnesota and will receive a \$10 discount on my next membership fee if that person (listed below) joins Artists of Minnesota.

Name of potential new member: _____

___ Option 1. Pass discount (\$10) to new member.

___ Option 2. Apply the discount to my **next** membership dues.

Name of current AOM Member: _____

(offer good through December 31, 2020)