



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*