Artists of Minnesota

Membership Form **2023 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:
Sue Brown Chapin, P.O. Box 43, Carlton, MN 55718.