

**Artists of Minnesota 2024 Membership Form \$25**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

\_\_\_\_ NEW \_\_\_\_ RENEWAL                      Amt. Enclosed \_\_\_\_\_

**Mail to: Sue Brown Chapin, P.O. 43, Carlton, MN 55718**