



MINNESOTA ASSOCIATION OF MUSEUMS

MAM Membership & Renewal Form

Membership fees or renewals are due each year

Membership Form

Please complete the form and send with your \$30 check (student members \$15) to the address below

Name _____

Title _____

Institution _____

Address _____

City, State, ZIP _____

Phone (work) _____ (mobile) _____

e-mail _____

Membership Categories:

___ Museum Paid Professional \$30 per year

___ Special Member (student, volunteer, retired, unemployed) \$15 per year

I would like to be added to the email list: ___

I would like more information on: ___ Affinity Groups ___ Serving on a committee

Mail to:

Minnesota Association of Museums
P.O. Box 14825
Minneapolis, MN 55414