



MAM Membership & Renewal Form

Membership fees or renewals are due each year.

Membership Form

Please complete form and send along with your \$30 check (for-profit corporate partnership \$200 check), to: Minnesota Association of Museums, P.O. Box 14825, Minneapolis, MN 55414

Name _____

Title _____

Institution _____

Address _____

City, State, ZIP _____

Phone
(work) _____ (home) _____

e-mail _____

Membership Categories:

____ Museum Paid Professional \$30 per year

____ Special Member (student, volunteer, retired, unemployed) \$20 per year

____ Corporate Partner \$200 per year

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

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