



Mail-in Membership Form

Name: _____

Address: _____

Email: _____

Phone: _____

Membership Level:

- ☐ Individual, \$35
- ☐ Household, \$45
- ☐ Sustaining, \$75
- ☐ Lifetime, \$600
- ☐ Student, free (please send copy of student ID)

Additional donation amount (if any): \$_____

Please mail this form with your payment to:

Minnesota Atheists
P. O. Box 120304
New Brighton, MN 55112