

MAA Membership Application Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ E-Mail: _____

(E-mail is very important since this is how you will receive MAA newsletters and information)

All MAA memberships will be current for the calendar year in which they are paid

MAA Dues Schedule

_____ Single Adult – \$20

_____ Family (2 adults) – \$25

Member Name 1: _____

Member Name 2: _____

_____ Family (3 or more) – MAA \$30

Member Name 1: _____

Member Name 2: _____

Member Name 3: _____

Member Name 4: _____

Member Name 5: _____

List any additional family members on the back of this form if necessary.

_____ College Student (single joining alone) \$15

_____ Junior (under 18 and joining alone. Requires parent or guardian signature) - \$10

Parent or Guardian signature _____

Total Due: _____

Please enclose a check payable to the MAA and send to the following address:

MAA Treasurer
9557 65th St. SW
Howard Lake, MN 55349