



Become a Card-Carrying Member—JOIN NOW!

Membership Application/Renewal Form

Please complete the form and mail to: **ACLU-MN**
450 N. Syndicate Street
Suite 230
St. Paul, MN 55104
Attn: Membership

First Name:

MI:

Last Name:

Address:

Address 2:

City:

State: **Zip Code:**

Phone: **E-mail Address:**

Is this a renewal? (y/n)

If you would like to join our Legislative Action Network and receive e-mail updates mark an “x” here:

Membership Category:
(select one with an “x”)

\$20-Basic Membership

\$35-Contributing Membership

\$75-Supporting Membership

\$125-Sustaining Membership

Method of Payment:
(select one with an “x”)

Visa

MasterCard

American Express

Check or Money Order (payable to ACLU-MN)

Card Number:

Expiration Date:

Thank you for joining the fight to defend the Bill of Rights!