

MSSA Membership Application Renewal  (W/Address Change  New

**Regular Annual Membership:**

- Adult Membership \$25.00/year
- Junior (under 21) Membership \$10/year      DOB:(Junior) \_\_\_\_\_ (required if under21)
- Regular Life Membership \$500.00
- Benefactor Life Membership \$1000.00
- Active Duty Military-One year free (Attach signed declaration and MO residency and active duty services)

**Associate organization/Club or Associate Business membership:**

- Annual Associate \$40.00/year      Associates only – Contact Person \_\_\_\_\_
- Associate Life Membership \$1000.00 Associates Only – Website \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Dues : \$ \_\_\_\_\_ X years paid ahead \_\_\_\_\_ = \$ \_\_\_\_\_

+ Donations \$ \_\_\_\_\_

+ M-1 Drawing Tickets \$ \_\_\_\_\_

+Awards dinner \$20 x \_\_\_\_\_ people = \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

How do you want your membership card AND newsletter sent to you:

Regular USPS mail \_\_\_\_\_

E-mail only \_\_\_\_\_

**Send application and remittance to: MSSA 6140 N. Wagontrail Rd. Columbia, Mo. 65202-9658**

**M-1 Drawing tickets**

NAME _____	NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
CITY, STATE ZIP _____	CITY, STATE ZIP _____	CITY, STATE ZIP _____	CITY, STATE ZIP _____
PHONE _____	PHONE _____	PHONE _____	PHONE _____
EMAIL _____	EMAIL _____	EMAIL _____	EMAIL _____

NAME _____	NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
CITY, STATE ZIP _____	CITY, STATE ZIP _____	CITY, STATE ZIP _____	CITY, STATE ZIP _____
PHONE _____	PHONE _____	PHONE _____	PHONE _____
EMAIL _____	EMAIL _____	EMAIL _____	EMAIL _____