

MSSA Membership Application

Date: _____

Renewal (w/Address Change) New Application

Individual Membership

- JUNIOR** Membership (*under 21*) – \$10/year → Date of Birth: _____ (*required*)
- ADULT** Membership – \$25/year
- REGULAR LIFE** Membership – \$500
- BENEFACTOR LIFE** Membership – \$1000
- Active Duty Military** – One Free Year → Attach a signed declaration of Missouri residency and active duty service.

MEMBER'S NAME: _____
Mailing Address: _____
City, State ZIP: _____
Phone Number: _____
Email (optional): _____
current active email, please

Organization, Club, or Business Membership

- ASSOCIATE** Membership – Dues \$40/year
- ASSOCIATE LIFE** Membership – \$1000

ASSOCIATE'S NAME: _____
Location (City, State): _____
Website (optional): _____
NAME OF CONTACT: _____
Mailing Address: _____
City, State ZIP: _____
Phone Number: _____
Email (optional): _____
current active email, please

DUES: \$ _____ x _____ years paid ahead = \$ _____
+ Annual Dinner: _____ number attending x \$20/person = \$ _____
+ M-1 Tickets: _____ number of tickets x \$5/each = \$ _____
+ Donation = \$ _____

TOTAL ENCLOSED = \$ _____

**How do you want your
MSSA membership card
and newsletter delivered?**

- Snail Mail (USPS)
- Email (email address required!)

Send Application with Payment to:

**MSSA
6140 N. WAGON TRAIL RD.
COLUMBIA, MO 65202-9658**