



**Application for Membership
(PARTICIPATING AFFILIATE MEMBERSHIP)**

MISSOURI MUNICIPAL LEAGUE

1727 Southridge Drive
Jefferson City, Missouri 65109
Phone: 573-635-9134 / FAX: 573-635-9009

Date: _____

To the Board of Directors of the Missouri Municipal League:

Please accept this as the application of _____
(Name of Firm)

for membership in the Missouri Municipal League. It is understood that upon receipt of this application and service fee by the League, your organization will be eligible for all League membership benefits including: one free copy of all MML publications, membership rates at League seminars and conferences, a listing in the annual *Directory of Missouri Municipal Officials*, all meeting notices and news services, and an annual subscription to *The Missouri Municipal Review*.

Annual Membership Fee: \$450.00 (up to 5 contacts). Please include payment with your completed form.

Telephone No. _____ Fax No. _____

Company Description of products/services: _____

Website: _____

Main Contact for firm:

Name _____ Address _____

Title _____ E-mail _____

Other Contacts for firm:

Name _____ Address _____

Title _____ E-mail _____

Name _____ Address _____

Title _____ E-mail _____

Name _____ Address _____

Title _____ E-mail _____

Name _____ Address _____

Title _____ E-mail _____