



**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 Participating Affiliate 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 \_\_\_\_\_