**Missouri Mappers Association Membership Application**

*2015-2016 Dues (Renewed at Annual Conference in August)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Government Organization, Company or Consultant Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Employment Address City, ST Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Home Address City, ST Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Email Work Telephone Home Telephone

Newsletter Mailing Preference \_\_\_\_ E-mail \_\_\_\_ Home \_\_\_\_ Work

*MMA will email your copy of the bi-annual newsletter unless otherwise indicated on this form.*

**Membership Type & Annual Dues (*Please Check One*):**

\_\_\_\_\_ **Regular Member ($15)** – Mappers, Cartographers, Mapping Supervisors, Assessors, Surveyors,

 Geographic Information Systems (GIS) personnel and other persons involved with mapping.

\_\_\_\_\_ **Subscribing Members ($25)** – Individuals or firms not eligible for regular membership that are

 interested in property mapping.

\_\_\_\_\_ **Student Member ($5)** – Any student that attends a University, College, Vocational Institute or

 other recognizable School not eligible for other membership and interested in property mapping.

\**Membership dues for Missouri Mappers Association are not tax deductible as a business expense.*

***I hereby make application for membership in the Missouri Mappers Association. If admitted, I will***

***abide by its by-laws and support its objectives. I have enclosed my membership dues with this application.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please make checks payable to Missouri Mappers Association***

 ***Mail Form and Payment to:***

**Katie Shepherd**

**MMA Membership Director**

**501 N. Market**

**Maryville, MO 64468**

**OFFICE USE ONLY:**

**Date Received:**

**By (Initialed):**