## **Missouri Mappers Association**

## **Membership Application**

*First Name	*Last Name	*Last Name			
*Government Organization or Comp	pany/Consultant Name	*Title			
*County					
*Employment Address	*City	*State	*Zip		
*Home Address	*City	*State	*Zip		
*Email	*Work Telepho	*Work Telephone *Home Telephone			
Membership Typ  Regular Member (\$15) – Map  Geographic Information Systems		ing Supervisors, A	Assessors, Surveyors,		
Subscribing Members (\$25) – interested in property mapping.	- Individuals or firms not eli	gible for regular r	membership that are		
Student Member (\$5) – Any s other recognizable School not el		•			
*Membership dues for Missouri Mappers A	ssociation are not tax deductib	ble as a business ex	pense.		
I hereby make application for membersh abide by its by-laws and support its obje	•	-			
Signature:	Date:				

Please make checks payable to Missouri Mappers Association
Mail Form and Payment To:

Erika Hagg, MMA Membership Director Greene County Mapping Department 940 N Booneville Ave, Rm 39 Springfield, MO 65802

