**Missouri Mappers Association**

***Membership Application***

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

\*First Name \*Last Name

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

\*Government Organization or Company/Consultant Name \*Title

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

\*County

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

\*Employment Address \*City \*State \*Zip

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

\*Home Address \*City \*State \*Zip

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

\*Email \*Work Telephone \*Home Telephone

Newsletter Mailing Preference \_\_\_\_ Email \_\_\_\_ Home \_\_\_\_ Work

*MMA will email your copy of the quarterly 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:***

**Barbara Kaszuba**

**MMA Membership Director**

**215 N. Jackson Ave.**

**Joplin, MO 64801**