

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:***

Lisa Perry
MMA Treasurer
302 S Main St
Carthage, MO 64836

