



M.G.R.A. Inc.
Membership Application

Office Use Only
Cash Check Other
20__ Membership Number _____
Rec'd By _____ Date _____

Application Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

E-Mail address: _____

(we take every precaution to make sure e-mails are sent in a way that respects your privacy and does not share your address, even with the general membership)

Individual Membership \$25

Couple Membership \$40

Partner's Name: _____

Partner's Email: _____

Corporate Membership \$100 (Please list other four-member names and e-mail below)

(2) NAME _____ EMAIL _____
City/ST/County _____

(3) NAME _____ EMAIL _____
City/ST/County _____

(4) NAME _____ EMAIL _____
City/ST/County _____

(5) NAME _____ EMAIL _____
City/ST/County _____

Thank you for your support of MGRA, Inc. Visit us at www.mgra.us

MGRA, Inc. PO Box 45073, Kansas City, MO 64171

_____ Check here if you **DO NOT** wish to receive e-mails from MGRA about events, activities, and other functions.

You can pay via Venmo with the QR code to the right or at <https://tinyurl.com/MGRA-Member-Application>

