



2015 Membership Application

New Membership Renewal
PO Box 45073 Kansas City, MO 64111

Name: _____ **DOB:** _____ **County:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____ **Stage Name:** _____

Partner's Name: _____ **County:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____ **Stage Name:** _____

- | | |
|---|--|
| <input type="checkbox"/> Individual Membership \$25 Per Year | [] new member [] renewal (check one) |
| <input type="checkbox"/> Couple Membership \$40 Per Year | |
| <input type="checkbox"/> Corporate Membership \$100 Per Year | |
- List three additional card carriers for your corp. below:

(1) _____ (2) _____ (3) _____

(You will be contact by MGRA for your business information to be added to MGRA.us website.)

I want to get more involved with MGRA. Have an MGRA representative contact me about:

- Publicity/Publishing Fundraising/Donations Recruiting Members/Contestants
 Volunteering Services/Vendors/Food/Beverage Other _____

I would like to be invited to: MGRA on Facebook MGRA on Twitter

Screen Name: _____

Thank you for your support of MGRA! www.mgra.us

Office Use Only

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> Cash | 2015 Membership Number: _____ |
| <input type="checkbox"/> Check | Rec'd by: _____ |
| <input type="checkbox"/> Other | Date: _____ |