



2024 M.G.R.A. Inc.
Membership Application

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)

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

◇ **Individual Membership \$25**

◇ **Couple Membership \$40 Partner's Name:** _____
▪ **Partner's Email:** _____

◇ **Corporate Membership \$100 (Please list three-member names below)**

(1) _____ (2) _____

(3) _____

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

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

<p style="text-align: center;">Office Use Only</p> <p style="text-align: center;">Cash Check Other</p> <p style="text-align: center;">20__ Membership Number _____</p> <p style="text-align: center;">Rec'd By _____ Date _____</p>
--