



Membership Application

PO Box 45073 Kansas City, MO 64111

New Membership Renewal

Name: _____ DOB: _____ County: _____

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

Home Phone: _____ Cell Phone: _____

Email: _____ Stage Name: _____

Partners Name: _____ DOB: _____ County: _____

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

Home Phone: _____ Cell Phone: _____

Email: _____ Stage Name: _____

- Individual Membership \$25 Per Year New membership Renewal (check one).
- Couple Membership \$40 Per Year Please complete all information above for Each Person.
- Corporate Membership* \$100 Per Year List Three Additional Card Carriers for your Corp. Below
 - 1.) _____
 - 2.) _____
 - 3.) _____

*Corporate Members will be contacted by MGRA for your business info to be added to MGRA.us website.

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 (check all that apply).

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

Office Use Only

Cash Membership Number: _____

Check Rec'd by: _____

Other Date: _____