



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

Office Use Only Cash Check Other 20__ Membership Number _____ Rec'd By _____ Date _____
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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](http://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.