



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.

Select one of the membership types below:

___ **Individual Membership: \$25**

___ **Couple Membership: \$40 Partner's Name:** _____

___ **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

Office Use Only

Cash Check Other

20__ Membership Number _____

Rec'd By _____ Date _____