



# Municipal Application for Membership

1727 Southridge Dr., Jefferson City, MO 65109; Phone: (573) 635-9134; Fax: (573) 635-9009; info@mocities.com

(PLEASE PRINT OR TYPE) Municipality: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the form below for membership in the Missouri Municipal League. Once completed, email the form to [info@mocities.com](mailto:info@mocities.com); fax to (573) 635-9009; or mail to address above. After the application has been reviewed, an invoice will be created and emailed to the City Clerk for payment.

### City Hall Mailing Address:

Street (for UPS) \_\_\_\_\_ PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Main E-Mail Address \_\_\_\_\_ Population \_\_\_\_\_ County \_\_\_\_\_

### NAMES OF CITY OFFICIALS (\*The Clerk will be our main contact for information and updates.)

Clerk: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mayor/Chairman \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

City Council/Board of Aldermen/Trustees; City Manager/Administrator; PIO; HR. **Each individual needs to have their own unique email.** The system will not accept duplicate emails. It is very important that we have city officials' individual e-mails; it is our primary means of communication. (Email addresses are kept confidential and never shared.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_