



Participating Affiliate Application

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

(PLEASE PRINT OR TYPE)

Date: _____

To the Board of Directors of the Missouri Municipal League: Please accept this as the application from _____ for Participating Affiliate status in the Missouri Municipal League. It is understood that upon receipt of this application and service fee by the League, your organization will be eligible for all Participating Affiliate benefits including: one free copy of all MML publications, reduced rates at League seminars and conferences, a listing in the annual *Directory of Missouri Municipal Officials*, all meeting notices and news services, and an annual subscription to *The Missouri Municipal Review*. (Two hard copies of *The Review* will be mailed, and digital copies will be emailed to all.)

*Annual Fee: \$500.00 (up to 5 contacts). Please include payment with your completed form.

ORGANIZATION INFORMATION

Organization Name: _____ Website: _____

Billing Address: _____ City: _____

State: _____ Zip code: _____

Telephone No. _____ Fax No. _____

MAIN CONTACT FOR FIRM:

Name _____ Address _____

Title _____ E-mail _____

Short Company Description of products/services: _____

OTHER CONTACTS FOR FIRM: (May list up to four more contacts.)

Name _____ Address _____

Title _____ E-mail _____

Name _____ Address _____

Title _____ E-mail _____

Name _____ Address _____

Title _____ E-mail _____

Name _____ Address _____

Title _____ E-mail _____