

APPLICATION FOR MEMBERSHIP**FOR THE YEAR:** _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF MEMBERSHIP (please circle one):

Individual \$15;

Business \$25;

Life (Individual – one payment) \$150.

Unless otherwise indicated, membership cards will be sent only to Life Members. The dues run on a calendar year basis. The date on your mailing label of the most recent newsletter reflects your current dues status. If it reads this current year (or later) or LIFE, your status is current. Mail to the address below. If you wish to make a separate memorial gift, indicate below the person being remembered and the amount of the gift. Payments may be sent to: P.O. Box 1144 Belton, MO. 64012-1144.

In memory of: _____ Amount Enclosed: \$ _____