



Please Enroll: _____

Mailing Address: _____

City, State, Zip _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Corporate: _____

Address: _____

President/CEO: _____

Membership Dues

- Individual (One Voting Member) \$25.00 Corporate (One Voting Member) \$25.00
- Additional members under corporate membership. \$5.00 per nonvoting member. (Please attach a list)

Please indicate payment schedule.

- Check enclosed (Please make check payable to: Missouri Sunshine Coalition)
- Please send invoice.

Signature: _____ Print: _____

Title: _____ Email: _____

Please mail or fax the completed application to the Missouri Press Association.

Thank you!

***Missouri Press Association | 802 Locust Street | Columbia, MO 65201-4888
Phone: 573-449-4167 | Fax: 573-874-5894 | Email: kwilliams@socket.net***