



Application for Membership

Growing Our Communities Together

1727 Southridge Drive
Jefferson City, MO 65109
573-635-9134 Fax - 573-635-9009

(PLEASE PRINT OR TYPE)

Date: _____

To the Board of Directors of the Missouri Municipal League:

Please accept this as the application of _____, Missouri, for full voting membership in
(Name of Municipality)
the Missouri Municipal League. It is understood that upon receipt of this application and service fee by the League, this city will enjoy all the privileges, rights and services of membership, as provided by the Bylaws of the Missouri Municipal League.

City Hall Mailing Address:

Street (for UPS) _____

Check Enclosed: \$ _____

PO Box _____

Population _____

City, State, Zip _____

Telephone No. _____

County _____

Fax No. _____

E-Mail Address _____

NAME

PREFERRED MAILING ADDRESS

Mayor/Chairman _____

E-mail: _____

City Council/Board of Aldermen/Trustees: (It is very important that we have city officials' e-mails; it is our primary means of communication. We do not give out anyone's email address, it is kept confidential).

E-mail: _____

E-mail: _____

E-mail: _____

E-mail: _____

E-mail: _____

E-mail: _____

E-mail: _____

Clerk: _____

E-mail: _____
