



# MFTHBA MEMBERSHIP FORM

Please fill out the requested information blanks below.

**Each person must be listed separately.**

**PLEASE PRINT LEGIBLY OR TYPE**

\* Name \_\_\_\_\_

\* Member # (if renewing) \_\_\_\_\_

\* Mailing Address \_\_\_\_\_

\* City \_\_\_\_\_

\* State \_\_\_\_\_

\* Zip \_\_\_\_\_

\* County \_\_\_\_\_

\* Country (if outside US) \_\_\_\_\_

Is this a new address:  Yes  No (if yes please list old address) \_\_\_\_\_

\_\_\_\_\_

Affiliate Name \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_

Work Phone \_\_\_\_\_

\* Name \_\_\_\_\_

\* Member # (if renewing) \_\_\_\_\_

\* Mailing Address \_\_\_\_\_

\* City \_\_\_\_\_

\* State \_\_\_\_\_

\* Zip \_\_\_\_\_

\* County \_\_\_\_\_

\* Country (if outside US) \_\_\_\_\_

Is this a new address:  Yes  No (if yes please list old address) \_\_\_\_\_

\_\_\_\_\_

Affiliate Name \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_

Work Phone \_\_\_\_\_

## PER PERSON MEMBERSHIP FEE:

Annual-----\$40.00

Couple (husband and wife)-----\$70.00

Three Years(Individual)-----\$96.00

Lifetime-----\$500.00

Corporate-----\$50.00

\*\*With the required paperwork

## YOUTH

Youth (17 yrs & under)-----\$15.00

Junior (18-20) -----\$30.00

Date of birth \_\_\_\_\_

\*\*Required for Youth Membership

**ANNUAL, YOUTH, CORPORATE MEMBERSHIP YEAR: JAN. 1 TO DEC. 31**

**Mail to: MFTHBA • PO Box 1027 • Ava, MO 65608**