



MFTHBA MEMBERSHIP FORM

Please fill out the requested information blanks below

Each person must be listed separately.

PLEASE PRINT LEGIBLY OR TYPE

*Name _____

*Name _____

*Member #(if renewing) _____

*Member #(if renewing) _____

*Mailing Address _____

*Mailing Address _____

*City _____

*City _____

*State _____

*State _____

*Zip _____

*Zip _____

*County(Missouri) _____

*County(Missouri) _____

*Country(If outside the US) _____

*Country(If outside the US) _____

Is this a new address Yes No if yes,
please list old address _____

Is this a new address Yes No if yes,
please list old address _____

Email address _____

Email address _____

Web Address _____

Web Address _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone _____

Date of Birth (required) _____

Date of Birth (required) _____

PER PERSON MEMBERSHIP FEE:

Annual ----- \$40.00
Couple (same household) ---- \$70.00
Three Years(Individual) ----- \$100.00
Corporate ----- \$50.00

**With the required paperwork

YOUTH

Youth (17yrs & under)-----\$15.00
Junior (18 to 20yrs) ----- \$30.00

Date of birth (required) _____

MEMBERSHIP YEAR: JAN. 1 TO DEC 31

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

Phone: (417)-683-2468