MPRA Corporate Membership Agreement

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

Authorized Contact Person _____

Phone Number _____

Website _____

Email _____

Business Location (if different than above) _____

BILLING

☐ Bill my credit card. #_____-_____-_____-_____

Expiration Date _____ Security Code _____ Card Billing Zip Code _____

Name as it appears on credit card: _____

☐ Enclosed is a check/money order in the amount of $_____ # _____

Notes: _____

_____

_____

This contract is to be used only by the above named business, organization, or individual and is not transferable.

Authorized Partner Signature _____ Date _____

Authorized MPRA Signature _____ Date _____

QUESTIONS? CONTACT Beth Harmon, Director of Operations | 573.329.6772 | mprabeth@gmail.com