



OLD MUNICHBURG ASSOCIATION

New/Renewing Membership Form

Date _____

Name _____

If a business, name of business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Note: We use email to contact members about meetings and other activities.
We do not share our email list with any businesses or organizations.

New member **Renewing member**

Membership, at \$35 (payable annually each January) \$ _____

Additional contribution (Thank you!) \$ _____

Total enclosed \$ _____

Make check payable to *Old Munichburg Association*.

Return this form along with your check to:

Old Munichburg Association

PO Box 105806

Jefferson City, MO 65110

Membership forms and further information are also available on our website:

www.oldmunichburg.com.

Thank you for your support of the Old Munichburg Association!