

2018 MEMBERSHIP FORM
Neighbors of the Mississippi

Your Membership, Support, and Involvement Count as we join forces together!

Name of Membership: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County/Counties: _____

Phone: _____ Cell Phone: _____

Email: _____

Please circle your level of membership.

Those who own a farm, business/corp., hunt club or are a levee district – please pay accordingly.

Individual \$50.00

100-250 Acre Farm \$100.00

251-500 Acre Farm \$250.00

500+ Acre Farm \$500.00

Business/Corp. \$250.00

Hunt Club \$250.00

Levee District \$250.00

Towns \$250.00

Email is the regular mode of communication. Please use an email address of a frequent user!
Maintain your canceled check as proof of payment. Please add a note below if an additional receipt is required. Thank You.

Note: _____

Please return form and payment to:

**Neighbors of the Mississippi
PO Box 314
Clarksville, MO 63336**