

MGEA Membership Application

Name _____

Business _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

E-Mail _____

Regular Member--\$225

Location: _____

Additional Locations -- \$150

Location Contact and Address: _____

Location Contact and Address: _____

Location Contact and Address: _____

I would like to be a member of the following committees:

Convention _____ Membership-Nominations _____

Technology-Communications _____ Transportation _____

Legislative-Regulatory _____ Golf-Scholarship _____

Governance/Bylaws _____

Issue(s) MGEA Should Address:

Please return with your check to: MGEA, PO Box 7325, Helena, MT 59604 or fax/email this information to 406-227-3745/mabamgea@gmail.com with credit card information below:

Master Card _____, Visa _____, American Express _____

Number: _____ Expiration Date: _____

Name: (as it appears on the credit card) _____

Mailing Address for credit card: _____

Signature: _____ 3 or 4 digit # on card: _____