

**MOZARKITE SOCIETY OF LINCOLN, INC.
APPLICATION FOR MEMBERSHIP**

I hereby apply for membership in the MOZARKITE SOCIETY OF LINCOLN, INC.

(PLEASE PRINT)

NAME _____

ADDRESS _____

PHONE NUMBER: _____ DATE _____

E-MAIL ADDRESS _____

The following members of my immediate family also desire membership in the Society:

NAME _____ NAME _____

NAME _____ NAME _____

NAME _____ NAME _____

Adult membership dues - \$10.00 per year per person (age 18 and over)

Junior membership dues - \$5.00 per year (one person 17 years of age and under)

MAKE CHECKS PAYABLE TO: **MOZARKITE SOCIETY OF LINCOLN, INC.**

and mail to: C/O Joyce Grinstead
1211 S. Carr
Sedalia MO 65301

I HEREBY AGREE TO ABIDE BY THE CONSTITUTION & BY-LAWS OF THE SOCIETY.

Signed by applicant: _____

FOR INTER-OFFICE USE ONLY:

DATE RECEIVED _____ **\$** _____