

**Mississippi 9-1-1 Coordinators Association
MEMBERSHIP APPLICATION
YEAR 2006-2007**

NAME: _____

AGENCY _____

TITLE: _____

MAILING ADDRESS: _____

_____ ZIP _____

E-MAIL ADDRESS: _____

OFFICE PHONE: (____) _____ - _____ FAX (____) _____ - _____

TYPE OF MEMBERSHIP REQUESTED: (Please circle only one)

A. Corporate\$ 300

B. Large Agency\$ 225

(Two voting members five non-voting)

C. Small Agency.....\$ 175

(One voting member six non-voting)

D. Single\$ 125

(One voting member only)

E. Associate Member.....\$ 25

(Non-voting member)

By my signature I hereby apply for membership in the Mississippi 9-1-1 Coordinators Association, and agree to abide by the constitution and Bylaws of the Association. I understand that by joining, my dues are payable annually by October 31st.

_____ Date _____

Please make check payable to: Mississippi 9-1-1 Coordinators Association.

Mailing address: P O Box 862, Hernando, MS 38632

For large and small agency membership, please fill out an application per member and forward with dues.