



**MISSISSIPPI 911 COORDINATORS ASSOCIATION, INC.
2021 MEMBERSHIP APPLICATION**

NAME: _____

AGENCY: _____

TITLE: _____

MAILING ADDRESS: _____

CITY: _____ **ZIP:** _____

E-MAIL ADDRESS: _____

OFFICE PHONE: () _____ **FAX:** () _____

TYPE OF MEMBERSHIP REQUESTED: (Please circle only one)

- A. Corporate \$300**
- B. Single \$50**
(Voting member)
- C. Association 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 November 30th.

SIGNATURE

DATE

Please make check payable to:

Mississippi 911 Coordinators Association
P.O. Box 612
Senatobia, MS 38668