



**MISSISSIPPI 911 COORDINATORS ASSOCIATION, INC.
2022-2023 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 members, being persons employed by a PSAP, 9-1-1 Commission, 9-1-1 Office, etc. within the State of Mississippi)

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 beginning July 1st and must be received by November 30th to be considered a voting member.

SIGNATURE

DATE

Please make check payable to:

Mississippi 911 Coordinators Association
P.O. Box 5091
Holly Springs, MS 38634

(The address has changed, please be sure your administrative or accounting department is aware of this change.)

Payments may also be received by PayPal or CashApp. For more information contact Cathy Hannah, Treasurer at cathy@ms911coordinators.org