

# Membership Application

Apply For: \_\_\_\_\_ \$50 Regular Membership  
\_\_\_\_\_ \$ 100 Affiliate Membership

\_\_\_\_ New Membership \_\_\_\_ Renewal Membership

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Type of Business:

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Communications Approval:

\_\_\_\_\_ I want to receive emails from CMGMA

Mail this application with check or money order to :

**Clarksville MGMA**

**PO Box 31864**

**Clarksville, TN 37040**

Date: \_\_\_\_\_