MRA Membership Application

1. Name

_____

Last First Middle Initial

2. Home Address (Students – please provide <u>permanent</u> home address)

_____

Street

_____

City State Zip

3. Home Phone _____ Work Phone _____

4. E-mail address _____

5. School _____ District _____

6. Local Council Affiliation _____ IRA Member# _____

*** Regular MRA Membership: $20.00**
Student MRA Membership: $10.00

Check One:

☐ **Renewing Member**
☐ **New Member**

Mail this application with a check payable to:

MRA
P.O. Box 13291
Jackson, MS 39236

*** Annual Membership: January 1 – December 31**