



**2016-17 NEW MEMBER
Membership Application**

CompanyName: _____

Primary Representative Name and E-mail

\$350 MTA Membership Rate:

Secondary Member(s) Name and E-mail \$75:

Mailing Address: _____

City / State / Zip: _____

Phone: _____

Fax: _____

Total Membership Fee Enclosed: \$ _____

**Please remit payment to:
Mississippi Tourism Association, P.O. Box 2745,
Madison, MS 39130**