



**2018-2019 MTA
Membership Application**
Membership valid July 2018 – June 2019

Company Name: _____

**Primary Representative Name and E-mail
\$395 Special Rate for New Members only:**

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

Mailing Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

Total Membership Fee Enclosed: \$ _____

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

Madison, MS 39130