



**2017-18 NEW MEMBER
Membership Application**

Company Name: _____

**Primary Representative Name and E-mail
\$350 MTA Membership Rate:**

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

Billing Information

Company Name & Contact

Mailing Address:

City / State / Zip:

Company Name, address, and information as it should appear on member directory.

Company Name:

Address:

City / State / Zip:

Phone:

Fax:

Total Membership Fee Enclosed: \$

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