



INVOICE

2010 MO-KAN STMA CHAPTER MEMBERSHIP DUES

Please select the appropriate membership type from the options below.

(Note: each individual from an organization must complete an application)

(Circle one)

A. Sports Turf Manager \$25.00

B. Commercial Member \$50.00

(Any individual who represents a company that supplies products or services)

C. Student Member (w/valid ID) \$10.00

Name: _____

Title: _____

Company: _____

Phone: _____ Fax: _____

E-Mail: _____

(Please include e-mail address if possible – This is our least expensive form of communication)

Address: _____

Amount enclosed \$ _____

Payment Type: (Circle One): Check MasterCard Visa American Express Discover

Name on card: _____

Credit card # _____ Exp. Date _____

Signature _____

Copy this invoice for your records and mail the completed original with payment to:

Mo-Kan Sports Turf Manager's Association P.O. Box 414029 Kansas City, Missouri 64141
FAX 800-366-0391