



Corporate Partnership

Membership Application

Missouri Association of Counties
1648 E. Elm St.
PO Box 234 Jefferson City, MO 65101
mocounties.com

Please print clearly or type

Primary Contact*

Secondary Contact

Name/Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Website _____

*Primary Person coordinating your organization's Corporate Partnership

Yes, we want to join for the Calendar Year 2024

Platinum \$15,000 Gold \$10,000 Silver \$5,000 Associate \$500

Signature _____ Date _____

This application and signature serves as approval of your agreement to the terms previously discussed and represents a full year commitment.

Make all checks payable to Missouri Association of Counties

Payment Method:

Check Enclosed Credit Card (Application serves as an invoice)

Credit Card Number _____ Exp. Date _____ CVV Code _____

Cardholder's Name _____ Billing Zip Code _____

Carah Bright
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Meredith Melahn
Event and Marketing Coordinator
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