

**Individual Membership Application:**

 **New Renewal**

 ***(Please Print)***

**Name**

 **(Last) (First) (M/I)**

 **(c)**

**Address** **Phone (h)**

 **(w)**

**City** **County**

**MDC Region** **State**  **Zip (+4)** **+**

**E-Mail**

 **Missouri Hunter Education Instructor Number #**

 *(Required to teach hunter education class portion of clinics)*

**MEMBERSHIP CATEGORIES:**

 **Member………….....…..…..$ 35.** *(Voting rights in accordance with MHHF Constitution)*

 **Life Member........................$500*.*** *(Voting rights in accordance with MHHF Constitution)*

**PLEASE NOTE: Membership fees (except life members) are due annually.**

Individual members (except life members) will be considered paid in full for one year from their date of acceptance. Membership is subject to approval by MHHF Board of Directors. MHHF is a 501(c)(3) tax exempt non-profit corporation. Information on this form will not be shared with commercial entities.

**MHHF Member Memorandum of Understanding (MOU) must be submitted with this application.**

**Signature** **Date**  **/** **/**

**Please make payment to: MHHF**

**Mail to: MHHF, PO Box 736, Linn, MO 65051**