

2018 MOMGA Chapter Enrollment Form

Chapter Name: _____

County: _____

Region: _____

Program Coordinator: _____

Dues:

Number of Members: _____ x \$2 = \$ _____

(**Exclude** from your count **ONLY** MOMGA Lifetime Members)

2018 President Contact Information

Name: _____

Address: _____

Phone: _____

E-mail: _____

MOMGA Board Member Contact information (if position is not filled by President)

Name: _____

Address: _____

Phone: _____

E-mail: _____

Chapters with over 50 members are entitled to 2 representatives

Name: _____

Address: _____

Phone: _____

E-mail: _____

This form **plus** an Excel spreadsheet listing Last Name, First Name, and Email Address must be **completed and resaved**. A sample and downloadable Excel spreadsheet can be found using this link [2018 Membership Spreadsheet](#). **USE THIS SPREADSHEET AND SEND IT IN THE .XLS FILE FORMAT, NOT AS A .PDF FILE.**

This Chapter Enrollment Form and the Membership Spreadsheet must be **emailed** to Mary Medina at medi720@aol.com, phone – (636) 699-9427).

The check for the dues must be made payable to MOMGA and mailed to MU Extension Office, 260 Brown Rd., St. Peters, MO 63376.

NOTE: If you want your CPD and/or MG coordinator to receive the MOMGA mailings, include their email addresses below.

Additional email addresses (non-chapter members):
