

Membership Application

Membership will run one year from date of submission.

Please complete entire form:

DATE: _____

First Name: _____ **Last Name:** _____

Job Title: _____ **Industry:** _____

Organization: _____

Mailing Address: _____ **Business Address:** _____

Work Phone: () _____ **Home Phone:** () _____

Cell Phone: () _____ **E-Mail:** _____

___ **Individual Membership \$35.00 ea.**

___ **Check Enclosed (payable to Mississippi Association for Spatial Technologies)**

Applications can be mailed to the temporary address below:

**Mississippi Association for Spatial Technologies
P.O. Box 2529
Gulfport, MS 39505**

