



MISSISSIPPI SEARCH AND RESCUE ASSOCIATION

Membership Application Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Organization: _____

Title/Position within Organization: _____

Contact Numbers (We need at least one phone number and one email)

Home: _____ Work: _____

Cell: _____ Fax: _____

Primary E-Mail: _____

Secondary E-Mail: _____

\$20.00 Membership Fee Included _____ Paid with PayPal _____ Renewal _____

(Membership runs October 1 - September 30 yearly, any dues received after September 1 will be considered good through September 30 of the following year.)

By signing this application, you agree to abide by the rules and leadership of the Mississippi Search and Rescue Association found on www.msara.com.

Signature

Date

Make checks payable to: MSARA

% Lesley Rakestraw

P O Box 1485

Tupelo, Mississippi 38802

Email to: lesley.rakestraw@msara.com