

## 2023 MTFA Membership Application Springfield Chapter

Date: \_\_\_\_\_

Annual Family Membership Fees **\$20.00**

Member's Name: \_\_\_\_\_

List Spouse and or Family Members under 18 Names below:

Spouse: \_\_\_\_\_ Kids: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Are you a FFI member? \_\_\_ Yes \_\_\_ NO    Are you a CFM member? \_\_\_ Yes \_\_\_ No

E-mail Address: \_\_\_\_\_

Mail to:     **Bob Randall**  
              **2239 W. Buena Vita Street**  
              **Springfield, MO 65810**



(Make check payable to: **MTFA Springfield Chapter**)  
For information call: Bob Randall (417) 224-1104

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Springfield Chapter