

MBH Membership Application

Individual \$25 Family \$30 New Renew

Name _____ DOB if under 18 _____

Street _____

City, State, Zip _____

Telephone _____

Email _____

Family member # 2 _____ DOB if under 18 _____

Family member # 3 _____ DOB if under 18 _____

Family member # 4 _____ DOB if under 18 _____

Family member # 5 _____ DOB if under 18 _____

Mail to:

Kathy Potter
PO Box 108
Huntsville MO 65259