



**Missouri State Capital Chapter
Prospective Member Registration Form**

Name and Title:

State Adviser _____

Agency/ Company Represented:

Address:

Phone: _____ **Fax:** _____

Email: _____

MOCAP member who invited you: _____

When do you plan to join SGMP? _____

Additional Comments:

Planners: How many meetings do you plan per year? _____

Suppliers: Do you have a potential meeting planner match (must have a planner match to submit membership application)? _____

Please complete form and return to Tina Dillon at Tina.Dillon@courts.mo.gov. If you have questions, contact Tina at (573) 522-8227.

.