



BOONE COUNTY MULESKINNERS MEMBERSHIP

Date: _____
Name(s): _____
Street Address: _____
City/State: _____ Zip: _____
Email(s): _____ @ _____
Email(s): _____ @ _____
Phone Number(s): _____

_____ **Individual Membership \$ 25**

or

_____ **Household Membership \$ 45**

_____ **Add contribution for Democratic candidates and ballot issues**

\$_____ Total

Please make your check payable to: Muleskinners

Mail to:

**Muleskinners,
5901 Redwing dr.,
Columbia, MO 65202**
