



**Membership Application
Ozarks Chapter of STMA**

417-425-2708
www.ozarksstma.org

Date: _____

Name; _____

Employer: _____

Street Address: _____
(where you want to receive mail)

City, State Zip Code: _____

Phone #s: _____

E-Mail : _____

We will not give away this information without your permission

Memberships (select one)

Sports Turf Manager \$35

Vendor Associate \$50

Student \$15

Send Completed Application with Check (use application for invoice)

Make Check and send to:

OSTMA
PO Box 1748
Ozark, MO 65721