



# MoALSO Membership Application

(\$100 Dues per year)

Date .....

Organization / Agency

County

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## Primary Contact

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Name

Title

Phone

E-mail

Address

City

State

Zip

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## Secondary Contact

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Name

Title

Phone

E-mail

Address

City

State

Zip

Mail Checks to: MoALSO  
12200 N. Ambassador Dr., Ste. 206  
Kansas City MO 64163

For more information, contact  
Tina Uridge, Clay County Senior Services  
816-595-0087