



**DUES SUBMISSION FORM/MEMBERSHIP APPLICATION**  
**2006**

NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

STATE ORGANIZATION: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**INDIVIDUAL MEMBER (\$15.00) \_\_\_\_\_ STATE MEMBERSHIP (\$150.00) \_\_\_\_\_**

MAIL TO:

E. ROBERT BOSSE, SECRETARY/TREASURER  
MHOAA - 6722 COACH CIRCLE  
BROWNSVILLE, TX 78521-7257

QUESTIONS? E-MAIL:  
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