



Business Name: Colo. Corn Grower Assn. Members Effective Date: _____ Member # _____ Exp. _____

MASA MEMBER INFORMATION

NAME (Last, First, Middle): _____ DOB: ___ / ___ / ___

SPOUSE (Last, First, Middle): _____ DOB: ___ / ___ / ___

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: (____) _____ - _____ Alt. Phone: (____) _____ Email: _____

Dependent Name: _____ DOB: ___ / ___ / ___

Dependent Name: _____ DOB: ___ / ___ / ___

Dependent Name: _____ DOB: ___ / ___ / ___

Dependent Name: _____ DOB: ___ / ___ / ___

Dependent Name: _____ DOB: ___ / ___ / ___

EMPLOYEE PAYMENT OPTIONS FOR MASA MTS MEMBERSHIP	
Platinum Membership	Emergent Plus Membership
_____ \$468 Annual (\$60 Initiation Fee Waived)	_____ \$160 Annual (\$25 Initiation Fee Waived)

I affirm that I have Major Medical Health Insurance through _____ Insurance Company with Plan #_____. Coverage is currently in force and will be maintained.

► Member Signature

Print Name

Date

**Please remit check to:
 Colorado Corn Growers Association
 127 22nd Street
 Greeley, CO 80631**

Questions?
 Call:

MASA MTS Rep	Other
Lynn Arenson #731006	(970) 481 6282