

2026 KMA MEMBERSHIP APPLICATION



Name and address as you want it on mailing label: _____

Print list all household members if family membership:

KMA member who sponsored me: _____

I wish to receive Blowin' Smoke Newsletter by email _____ or through regular mail _____ (check one)

Type of membership- circle one: New Renewal

Single 1 year-----\$37.00 Single 3 year-----\$97.00

Family 1 year-----\$45.00 Family 3 year-----\$120.00

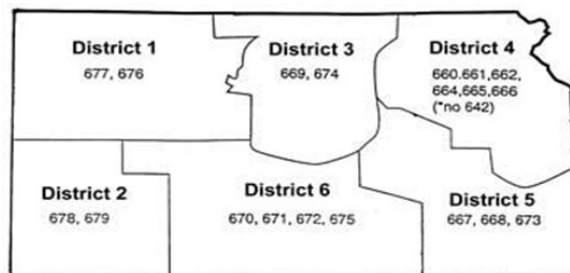
Club 1 year-----\$45.00 Club 3 year-----\$120.00

Single Lifetime-----\$375.00 Family Lifetime-----\$525.00

TOTAL DUES paid \$ _____

[Paying by credit, cash, check-(check #) _____]

Kansas Districts ** Out of State = District O



Paying by check: mail to: Rose Burns, Secretary - 109 Locust St., Cherokee, KS 66724

Paying by Credit Card: call Rose at 620-724-3109