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***MISSISSIPPI GAMING AND HOSPITALITY ASSOCIATION
ASSOCIATE MEMBERSHIP APPLICATION***

CORPORATE NAME:

PROPERTY NAME:

ADDRESS:

DESIGNATED REPRESENTATIVE:

TITLE:

ALTERNATIVE REPRESENTATIVE:

TITLE:

TELEPHONE:

EMAIL:

FAX:

**The MGHA Associate Membership dues are \$1,000.00 PER YEAR
payable at time of joining.**

Note: Dues are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses.

Applicants should include promotional information about their company and mail to:
MGHA, 120 Congress Street, Suite 420, Jackson, MS 39201

Signature: _____

Date: _____