Cosmo Membership Application

Name			Date of Birth	Today's Date
Home Address			Home Phone	Cell Phone
City	State	Zip	E-Mail	
Business Name			Bus. Phone	Spouse's Name
Bus. Address			Bus. Fax	_
City	State	Zip		
Sponsors Name			Sponsors Phor	ne
Name on Badge (Please Print)		-		
Signature				
Mail To:				

Columbia Show-Me Cosmos P.O. Box 7445 Columbia, Mo 65205

Or E-mail to: mopilot@socket.net