

Best of Missouri Hands Membership Form

Please print this form, fill out, and mail along with your check made payable to Best of Missouri Hands to:

BOMH Membership Chair

2101 W. Broadway, #322

Columbia, MO 65203

Name _____ Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Business) _____ (Home or Cell) _____

E-Mail (required) _____ Web Site _____

In 12 words or less, describe your business or process:

Please check the type of membership you would like:

General Membership - \$30 per year

Student Membership - Full-time students \$15 per year

Juried Artist Membership - Please visit our [Jury Process page](#) to learn more about this category.

Juried Studio Membership- Please visit our [Jury Process page](#) to learn more about this category

Upon receipt and posting of your membership, you will receive an email of confirmation and a new member packet.

Thank you! We look forward to having you as a member of Best of Missouri Hands!

The Best of Missouri Hands

2101 West Broadway, #322

Columbia, MO 65203

Phone: 866-699-BOMH (2664)

information@BestOfMissouriHands.com