



2009-10 MST A MEMBERSHIP APPLICATION

FILL OUT COMPLETELY

NAME _____

BIRTH NAME _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

SCHOOL DISTRICT _____

SCHOOL BUILDING _____

Preferred mailing address: Home School

HOME PHONE _____

CELL PHONE: _____

HOME E-MAIL _____

SCHOOL E-MAIL _____

Preferred e-mail address: Home School

BIRTH DATE _____ MALE FEMALE

SOCIAL SECURITY NO. _____

Privacy Notice: Your Social Security Number and Date of Birth are used for internal purposes only and are never shared with outside entities unless required to do so by law.

FOR OFFICE USE		Initial:

MEMBER TYPES

(Check one)

CERTIFIED STAFF

A. Returning MST A member **\$199.00**

B. First-time MST A member **\$124.00**

C. First-year teacher

1. Student MST A member senior year in college **\$99.50**

2. Not a previous Student MST A member **\$124.00**

D. Part-time educator

Employed half-time or less **\$124.00**

NONCERTIFIED STAFF

\$85.00

MST A DUES \$ _____

CTA DUES (PAY TO LOCAL CTA, NOT MST A) \$ _____

TOTAL DUES \$ _____

PLEASE DO NOT SEND CTA DUES TO MST A.

METHOD OF PAYMENT

Cash Check No. _____

VISA MasterCard

Card No. _____ Exp. _____

Authorized signature _____

Payroll deduction† Easy Membership Renewal Option†

† NOT AVAILABLE IN ALL CTAs. PLEASE CHECK WITH YOUR CTA.

Applicant's Signature

Date

CTA Representative's Signature

Date

Official notice: Dues include \$2 million liability insurance policy. Membership and insurance are effective when form and payment (if applicable) are received in the MST A state office or by the designated MST A/CTA representative. The MST A/CTA representative must sign above and enter the date when form is received. **LIABILITY INSURANCE POLICY PERIOD IS JULY 1 – JULY 1.**

Your MST A dues may be deductible as an ordinary and necessary business expense on your taxes. If so, you may only deduct 90% of the total amount as 10% of your dues money is used for lobbying activities and not tax deductible. Dues include \$10 subscription to *School & Community*.

Membership includes a \$10,000 AD&D policy. Beneficiaries for loss of life are named in the policy in following order of priority: spouse; children; parents; or brothers and sisters. If no class has a survivor, the beneficiary is the covered member's estate. Members may specify a different beneficiary by sending written notice to MST A.

Return white copy with MST A dues only to:

DATA PROCESSING • P.O. BOX 458 • COLUMBIA, MO 65205 • 800-392-0532 • 573-442-3127

MSTA COPY