

FOR OFFICE USE
MEMBER ID.

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Initial:

FILL OUT COMPLETELY WITH BLACK OR BLUE INK ONLY.

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

PREVIOUS LAST NAME: _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

HOME ADDRESS: _____

CITY: _____

STATE/ZIP: _____ / _____

SOCIAL SECURITY NO. [last 4 digits only] _____

BIRTH DATE [month/day/year] _____ / _____ / _____

PREFERRED MAILING ADDRESS: HOME SCHOOL

School & Community magazine preference: DIGITAL PRINT

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.



Please consider joining online.
It's fast, easy and secure.
MSTA.ORG/JOIN-MSTA

MEMBER TYPES: CHECK ONE

CERTIFIED STAFF POSITION

- A. Returning MSTA member **\$230.00**
- B. New MSTA member **\$130.00**
- C. First-year teacher **\$130.00**
- D. Part-time educator **\$124.00**

Employed half-time or less

NONCERTIFIED STAFF POSITION

\$90.00

(Associate)

MSTA DUES \$ _____

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

TOTAL DUES \$ _____

PLEASE DO NOT SEND CTA DUES TO MSTA.

PAYMENT OPTIONS: CHECK ONE

Check No. _____

VISA MasterCard Discover

Card No. _____

Exp. Date ____/____/____ CVC ____

Authorized signature _____

Payroll deduction – Current School Year Only[†]

of payments to be made _____

[†] 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 MSTA state office or by the designated MSTA/CTA representative. The MSTA/CTA representative must sign above and enter the date when form is received. **LIABILITY INSURANCE POLICY PERIOD IS JULY 1 – JULY 1.**

Your MSTA 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.

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 MSTA.

Return with MSTA dues to:

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