



MEMBERSHIP APPLICATION

HOME PHONE	()	DATE OF BIRTH	
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Have you been an MSTA member?

Name: _____

Home Address: _____

City/State/Zip: _____

E-mail: _____

Applicant's Signature: _____

Date: _____

DUES	
<input type="checkbox"/> ANNUAL retired membership	\$25
<input type="checkbox"/> LIFE retired membership	\$250
Returning to the classroom?	
<input type="checkbox"/> Select PLUS Protection to add these important benefits to your retired membership	\$25
<ul style="list-style-type: none">• \$1 million liability insurance• AD&D coverage• Legal services• Member Service Coordinator support	
GRAND TOTAL _____	
<i>Make check payable to MSTA.</i>	

RETURN WITH RMSTA DUES PAYMENT TO: DATA PROCESSING, P.O. BOX 458, COLUMBIA, MO 65205