



# 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 <b>PLUS Protection</b> to add these important benefits to your retired membership	\$35
<ul style="list-style-type: none"><li>• \$1 million liability insurance</li><li>• Legal services</li><li>• Member Service Coordinator support</li></ul>	
<b>GRAND TOTAL</b> _____ <i>Make check payable to MSTA.</i>	

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