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Initial:



STUDENT MISSOURI STATE TEACHERS ASSOCIATION

M E M B E R S H I P A P P L I C A T I O N

FILL OUT COMPLETELY WITH BLACK OR BLUE INK ONLY.

FIRST NAME: _____

LAST NAME: _____

PREVIOUS LAST NAME: _____

COLLEGE/UNIVERSITY: _____

MAILING ADDRESS: _____

CITY: _____

STATE/ZIP: _____

HOME PHONE: _____

E-MAIL: _____

CELL PHONE: _____

SOCIAL SECURITY NO. [last 4 digits only] _____

BIRTH DATE [month/day/year] _____

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.



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SMSTA DUES ARE FREE

\$ 0.00

CHAPTER DUES

(Pay to local chapter)

Cash CHECK NO. _____

EXPECTED GRADUATION DATE

YEAR _____ FALL SPRING

A digital membership card is available for download. If a physical membership card is preferred Please indicate below or call member care at 800-392-0532.

Yes, please send a physical card in the mail.

Applicant's Signature

Date

Official notice: Membership/liability insurance is effective when form is received in the SMSTA state office. Liability insurance policy period is July 1 - June 30.

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