



STUDENT MISSOURI STATE TEACHERS ASSOCIATION
MEMBERSHIP APPLICATION

OFFICE USE ONLY
DATE RECEIVED

CURRENT ADDRESS (while attending school)

NAME _____
COLLEGE/UNIVERSITY _____
ADDRESS _____
CITY/STATE/ZIP _____
CURRENT E-MAIL ADDRESS _____ PHONE _____
SOCIAL SECURITY NO. _____ BIRTH DATE _____

OTHER ADDRESS (when not at school)

ADDRESS _____

CITY/STATE/ZIP _____

DEGREE PROGRAM

CLASS?
 FRESHMAN SOPHOMORE JUNIOR SENIOR
OTHER _____

ARE YOU A TRADITIONAL NON-TRADITIONAL STUDENT?
WILL YOU STUDENT TEACH THIS YEAR? YES NO
IF SO, WHERE? _____

DUES

S-MSTA Dues \$13.00
(Do not send local chapter dues to MSTA.)

METHOD OF PAYMENT

Cash
 Check No. _____ (Payable to S-MSTA.)
No credit cards please.

OFFICIAL NOTICE

Membership/liability insurance is effective when form and payment (if applicable) are received in the S-MSTA state office or by the designated S-MSTA representative. The S-MSTA representative must sign below and enter the date when form is received.

LIABILITY INSURANCE POLICY PERIOD IS JULY 1 - JULY 1.

The yellow copy of this application serves as proof of liability insurance until you receive your membership card from MSTA.

Dues include a subscription to *School & Community*.

Chapter Dues _____
(Pay to local chapter, not MSTA)

Applicant's Signature Date S-MSTA Representative's Signature Date

Return with S-MSTA dues only to:
S-MSTA MEMBERSHIP • P.O. BOX 458 • COLUMBIA, MO 65205 • 800-392-0532 • 573-442-3127