STUDENT MISSOURI STATE TEACHERS ASSOCIATION
MEMBERSHIP APPLICATION

OFFICE USE ONLY
DATE RECEIVED

CURRENT ADDRESS (while attending school)

NAME _____

COLLEGE/UNIVERSITY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

SOCIAL SECURITY NO. _____

BIRTH DATE _____

CURRENT E-MAIL ADDRESS

DUES

S-MSTA Dues **$13.00**

(Do not send local chapter dues to MSTA.)

OTHER ADDRESS (when not at school)

ADDRESS _____

_____

CITY/STATE/ZIP _____

METHOD OF PAYMENT

❑ Cash

❑ Check No._____ (Payable to S-MSTA.)

No credit cards please.

DEGREE PROGRAM

CLASS?
❑ FRESHMAN ❑ SOPHOMORE ❑ JUNIOR ❑ SENIOR

OTHER _____

DO YOU PLAN TO TEACH IN MISSOURI? ❑ YES ❑ NO

WILL YOU STUDENT TEACH THIS YEAR? ❑ YES ❑ NO

WHERE? _____

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 $5 subscription to *School & Community*.

WERE YOU A MEMBER OF FTA IN HIGH SCHOOL?
❑ YES ❑ NO

Chapter Dues _____

(Pay to local chapter, not MSTA)

_____ _____ _____ _____

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

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

MSTA COPY