



RETIREED

MEMBERSHIP APPLICATION

Please indicate any corrections to the address below.

HOME PHONE	()	DATE OF BIRTH		MEMBERSHIP NO.	
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Applicant's Signature _____

Date _____

Name _____

Home Address _____

City/State/Zip _____

E-mail _____

Official Notice: Membership/liability insurance is effective when form and payment are received in the MSTA state office. Due to changes in the income tax laws you can deduct only 90% of the total amount of dues paid to MSTA as ordinary or necessary business expenses. The 10% of your dues money used for lobbying is not tax deductible. Dues include \$10 subscription to "School and Community." The PLUS Protection program includes \$1 million professional liability insurance coverage, ADD coverage, identity theft coverage, legal services from MSTA staff and network attorneys and field staff support.

DUES	
<input type="checkbox"/>	\$25 ANNUAL retired membership
<input type="checkbox"/>	\$250 LIFE retired membership
<input type="checkbox"/>	\$99 OPTIONAL PLUS Protection
TOTAL	_____
<i>Make check payable to MSTA.</i>	

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

White – MSTA COPY • Yellow – Member Copy