



# STUDENT MISSOURI STATE TEACHERS ASSOCIATION

MEMBERSHIP APPLICATION

FOR OFFICE USE  
MEMBER ID.

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Initial:

FILL OUT COMPLETELY WITH BLACK OR BLUE INK ONLY.

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

ADDRESS AT SCHOOL: \_\_\_\_\_

\_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PREFERRED MAILING ADDRESS:  HOME  SCHOOL

PREFERRED E-MAIL: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

BIRTH DATE [month-day-year] \_\_\_\_\_

SOCIAL SECURITY NO. [last 4 digits only] \_\_\_\_\_

**CURRENT YEAR IN SCHOOL**

FRESHMAN  SOPHOMORE  JUNIOR  SENIOR

OTHER \_\_\_\_\_

\_\_\_\_\_

TRADITIONAL  NON-TRADITIONAL STUDENT

**WILL YOU STUDENT TEACH THIS YEAR?**  YES  NO

IF SO, WHERE? \_\_\_\_\_

**S-MSTA DUES ARE FREE**

**\$ 0.00**

**CHAPTER DUES**

*(Pay to local chapter)*

Cash  Check No. \_\_\_\_\_

VISA  MasterCard

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_

Authorized signature \_\_\_\_\_

Please consider joining online.  
It's fast, easy and secure.

**MSTA.ORG/JOIN**



**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.

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

**Official notice:** Membership/liability insurance is effective when form and payment (if applicable) are received in the SMSTA state office or by the designated SMSTA representative. The SMSTA representative must sign above and enter the date when form is received. **LIABILITY INSURANCE POLICY PERIOD IS JULY 1 - JULY 1.**

Dues include a digital subscription to *School & Community*.

**S-MSTA MEMBERSHIP • P.O. BOX 458 • COLUMBIA, MO 65205 • 800-392-0532 • 573-442-3127**