



# MEMBERSHIP APPLICATION

FOR OFFICE USE  
MEMBER ID.

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Initial:

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FILL OUT COMPLETELY WITH BLACK OR BLUE INK ONLY.

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

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

MAIDEN NAME: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

SCHOOL BUILDING: \_\_\_\_\_

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

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

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

PREFERRED MAILING ADDRESS:  HOME  SCHOOL

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

EMAIL: \_\_\_\_\_

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

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

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

RECRUITED BY: \_\_\_\_\_

**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.

## MEMBER TYPES

(Check one)

### CERTIFIED STAFF POSITION

- A. Returning MSTA member **\$219.00**
- B. New MSTA member **\$124.00**
- C. First-year teacher **\$124.00**
- D. Part-time educator **\$124.00**

*Employed half-time or less*

### NONCERTIFIED STAFF POSITION

**\$90.00**

(Associate)

MSTA DUES \$ \_\_\_\_\_

CTA DUES (PAY TO LOCAL CTA, NOT MSTA) \$ \_\_\_\_\_

TOTAL DUES \$ \_\_\_\_\_

**PLEASE DO NOT SEND CTA DUES TO MSTA.**



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

**MSTA.ORG/JOIN-MSTA**

## METHOD OF PAYMENT

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

VISA  MasterCard

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

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

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

Payroll deduction—Current School Year Only<sup>†</sup>

# of payments to be made \_\_\_\_\_

<sup>†</sup> NOT AVAILABLE IN ALL CTAS. PLEASE CHECK WITH YOUR CTA.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CTA Representative's Signature

\_\_\_\_\_  
Date

**Official notice:** Dues include \$2 million liability insurance policy. Membership and insurance are effective when form and payment (if applicable) are received in the MSTA state office or by the designated MSTA/CTA representative. The MSTA/CTA representative must sign above and enter the date when form is received.

**LIABILITY INSURANCE POLICY PERIOD IS JULY 1 - JUNE 30.**

Dues include \$15 subscription to *School & Community*.

Membership includes a \$10,000 AD&D policy. Beneficiaries for loss of life are named in the policy in following order of priority: spouse; children; parents; or brothers and sisters. If no class has a survivor, the beneficiary is the covered member's estate. Members may specify a different beneficiary by sending written notice to MSTA.

Return with MSTA dues to:

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