



**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: _____

HOME PHONE: _____

CELL PHONE: _____

PREFERRED E-MAIL: _____

HOME ADDRESS: _____

CITY: _____

STATE/ZIP: _____

ADDRESS AT SCHOOL: _____

_____ APT # _____

CITY: _____

STATE/ZIP: _____

PREFERRED MAILING ADDRESS: HOME SCHOOL

SOCIAL SECURITY NO. [last 4 digits only] _____

BIRTH DATE [month-day -year] _____

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.

CURRENT YEAR IN SCHOOL

FRESHMAN SOPHOMORE JUNIOR SENIOR

OTHER _____

TRADITIONAL NON-TRADITIONAL STUDENT

WILL YOU STUDENT TEACH THIS YEAR? YES NO

IF SO, WHERE? _____

SMSTA 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



Applicant's Signature

Date

Smsta 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 - JUNE 30.**

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

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