



## MEMBERSHIP APPLICATION

<b>HOME PHONE</b>	(      )	<b>DATE OF BIRTH</b>	
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Have you been an MSTA member?

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

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

Date \_\_\_\_\_

Official Notice: Membership/liability insurance is effective when form and payment are received in the MSTA state office. Dues include \$15 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.

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

<b>DUES</b>	
<input type="checkbox"/> ANNUAL retired membership	\$25
<input type="checkbox"/> LIFE retired membership	\$250

  

<b>Optional Insurance</b>	
<input type="checkbox"/> <i>Optional PLUS Protection</i>	<del>\$50</del> <b>\$25</b>
<i>Note: This insurance is in addition to dues.</i>	
<b>GRAND TOTAL</b> _____	
<i>Make check payable to MSTA.</i>	