

FOR OFFICE USE
MEMBER ID.

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Initial: _____

FILL OUT COMPLETELY WITH BLACK OR BLUE INK ONLY.

FIRST NAME: _____

LAST NAME: _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

HOME ADDRESS: _____

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.

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



METHOD OF PAYMENT

Cash Check No. _____

VISA MasterCard

Card No. _____

Exp. Date ____ / ____

Authorized signature _____

Payroll deduction—Current School Year Only[†]

of payments to be made _____

[†] 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