



MEMBERSHIP APPLICATION

| | | | |
|-------------------|----------|----------------------|--|
| HOME PHONE | () | DATE OF BIRTH | |
|-------------------|----------|----------------------|--|

Have you been an MSTA member?

Name: _____

Home Address: _____

City/State/Zip: _____

E-mail: _____

Applicant's Signature: _____

Date: _____

| DUES | |
|---|-------|
| <input type="checkbox"/> ANNUAL retired membership | \$25 |
| <input type="checkbox"/> LIFE retired membership | \$250 |
| Returning to the classroom? | |
| <input type="checkbox"/> Select PLUS Protection to add these important benefits to your retired membership | \$25 |
| <ul style="list-style-type: none">• \$1 million liability insurance• AD&D coverage• Identity theft protection• Legal services• Member Service Coordinator support | |
| GRAND TOTAL _____ | |
| <i>Make check payable to MSTA.</i> | |

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