



**MSTA MEMBERSHIP APPLICATION 20\_\_ - \_\_**  
 FILL OUT COMPLETELY

NAME \_\_\_\_\_

BIRTH NAME \_\_\_\_\_

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

CITY/STATE/ZIP \_\_\_\_\_

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

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

Preferred mailing address:  Home  School

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

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

HOME E-MAIL \_\_\_\_\_

SCHOOL E-MAIL \_\_\_\_\_

Preferred e-mail address:  Home  School

BIRTH DATE \_\_\_\_\_  MALE  FEMALE

SOCIAL SECURITY NO. \_\_\_\_\_

**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.

FOR OFFICE USE		Initial:

<b>MEMBER TYPES</b>		(Check one)
<b>CERTIFIED STAFF</b>		
<b>A. Returning MSTA member</b>	<b>\$199.00</b>	<input type="checkbox"/>
<b>B. First-time MSTA member</b>	<b>\$124.00</b>	<input type="checkbox"/>
<b>C. First-year teacher</b>		
1. Student MSTA member senior year in college	<b>\$99.50</b>	<input type="checkbox"/>
2. Not a previous Student MSTA member	<b>\$124.00</b>	<input type="checkbox"/>
<b>D. Part-time educator</b>	<b>\$124.00</b>	<input type="checkbox"/>
Employed half-time or less		
<b>NONCERTIFIED STAFF</b>	<b>\$85.00</b>	<input type="checkbox"/>
MSTA DUES		\$ _____
CTA DUES (PAY TO LOCAL CTA, NOT MSTAN)		\$ _____
TOTAL DUES		\$ _____
<b>PLEASE DO NOT SEND CTA DUES TO MSTAN.</b>		

<b>METHOD OF PAYMENT</b>	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card No. _____	Exp. _____
Authorized signature _____	
<input type="checkbox"/> Payroll deduction†	<input type="checkbox"/> Easy Membership Renewal Option†
† 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 – JULY 1.**

Your MSTA dues may be deductible as an ordinary and necessary business expense on your taxes. If so, you may only deduct 90% of the total amount as 10% of your dues money is used for lobbying activities and not tax deductible. Dues include \$10 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 white copy with MSTA dues only to:  
**DATA PROCESSING • P.O. BOX 458 • COLUMBIA, MO 65205 • 800-392-0532 • 573-442-3127**