



MEMBERSHIP APPLICATION

FOR OFFICE USE
MEMBER ID.

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Initial:

CREDIT CARD ENROLLMENT ACCEPTED ONLINE ONLY

MSTA.ORG/JOIN-MSTA

It's fast, easy and secure.


☐ YES ☐ NO MSTA MEMBER TRANSFERRING DISTRICTS:

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

PREVIOUS LAST NAME: _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

HOME ADDRESS: _____

CITY: _____

STATE/ZIP: _____ / _____

SOCIAL SECURITY NO. [last 4 digits only]

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BIRTH DATE [month/day/year] _____ / _____ / _____

MEMBER TYPES: CHECK ONE

PROFESSIONAL STAFF POSITION

*A teacher, counselor, SLP or other professional employee*A. Returning MSTA member **\$245.00** ☐B. New MSTA member **\$140.00** ☐C. First-year teacher **\$140.00** ☐D. Part-time teacher **\$130.00** ☐*Employed half-time or less*

ASSOCIATE STAFF POSITION

\$95.00 ☐*Staff member employed by district in a support role*

COLLEGE STUDENT

A. Not employed with district **Free**B. Employed with district **Use rate chart above**

MSTA DUES \$ _____

CTA DUES (PAY TO LOCAL CTA, NOT MSTA) \$ _____

TOTAL DUES \$ _____

PLEASE DO NOT SEND CTA DUES TO MSTA.

PAYMENT OPTIONS: CHECK ONE

☐ Check No. _____
☐ Payroll deduction – Current School Year Only[†]
 # of payments to be made _____
[†] Not available in all CTAs. Please check with your CTA.*The number of payments is subject to approval by the district*

Applicant's Signature _____ Date _____

MSTA/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.

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. I understand that MSTA may contact me via information provided on this application, including email and text, to communicate about my benefits/account.

Return with MSTA dues to:

ACCOUNTING • P.O. BOX 458 • COLUMBIA, MO 65205 • 800-392-0532 • 573-442-3127