

# MMSA Individual Membership Options

## Individual Membership

You will receive:

- 1 year subscription to "The Transescent"
- Discounts on Conferences
- Eligibility to nominate and vote for MMSA Board members
- Participation in Awards Programs
- Eligible for Mini-Grants
- Newsletters
- Staff In-service Opportunities

All for \$40 per year

## Student, Parent and Retiree Memberships

You will receive:

- Same benefits as individual members
- Students must be full time and provide a copy of their current schedule
- Students, parents and retirees may not be employed as professionals in the education field.

All for \$10 per year

## Corporate Memberships

You will receive:

- 1 year subscription to "The Transescent"
- Discounts on Conferences
- Eligibility to nominate and vote for MMSA Board members
- Newsletters

All for \$10 per year

## Individual Membership Application Form

Name \_\_\_\_\_

Home address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Home email \_\_\_\_\_

School or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Work email \_\_\_\_\_

(Your email address is the easiest way for MMSA to make contact with you about upcoming events and current information)

**Which would you prefer to be your primary contact address?**

**(Check One)**     Home                       School or Organization

**Position**     Teacher     Counselor     Library/Media Specialist

Administrator     Other (specify) \_\_\_\_\_

If you are a teacher, what subject(s) do you teach?

\_\_\_\_\_

**Type of Membership: (Check the one that applies)**

Individual \$40

Student \$10

Parent \$10

Retiree \$10

Corporate \$10

Are you?     New Member     Renewing     Returning after absence

Total amount enclosed: \_\_\_\_\_

Type of payment (Please check one)

Purchase Order (P.O. must accompany form)

Check payable to MMSA

Credit Card (We accept Mastercard and Visa during Aug Sep & Oct)

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholders Name (Please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Send to: MMSA**

5559 N.W. Barry Road, #232

Kansas City, MO. 64154

Email: [mmsa.mo@hotmail.com](mailto:mmsa.mo@hotmail.com)

Check out our website at [www.mmsa-mo.org](http://www.mmsa-mo.org)