

Education Associate Member Application Form

July 1, 2016—June 30, 2017

Associate Membership

Name:			
Address:			
City:	State:	_ Zip:	
Phone:	Fax:		
(Important for Communications) Email:			
College/Institution Name:			
College/Institution Address:			
City:	State:	Zip:	
Business Phone:	Business Fax:		
Would you like MASA to provide a link to	your college/institution Internet s	site? Yes	No
Internet site you would like MASA to pro	vide link to:		
Payment Information			
MASA Associate Member Dues @	\$50	\$	
Add \$50 if one set of MASA memb (A full set of 2016-2017 mailing labels			
MASA Pictorial Directory Advertisi	ng (see enclosed Rate Sheet)	\$	
Total Due:		\$	
Method of Payment			
() Check enclosed (Payable to MA	SA)		
() Credit Card No(circle one)) () () () () () () () () ()	Exp. Date	
Name on card	e) Visa or MasterCard	CVV	
() Send Invoice reference Purchas	se Order #		Three digit security code from back of credit card.

Return completed application and directory advertisement information (if applicable) to MASA, 3550 Amazonas Drive, Jefferson City, MO 65109 or Fax to 573-556-6270



Become a 2016-2017 MASA Education Associate Member

As an Education Associate Member you will:

- Demonstrate your support of public school administrators.
- Receive recognition of your membership in the MASA Spotlight and in the MASA Membership Directory.
- Be provided a link from the MASA Internet site directly to your college/institution website.
- Receive one copy of each mailing of the MASA Spotlight.
- Receive one copy of the MASA Pictorial Membership Directory.
- Receive one set of MASA active member mailing labels (administrative service fee of \$50.00 will be charged).



Membership Directory Advertising Insertion Order

Size of Ad (circle one) Full Page (\$800) Half Page (\$500)	1/4 page (\$300)
() Ad is Enclosed () Ad will be mailed prior to November 1	
Contact Person Regarding This Ad:	
Billing Address:	
Billing City, State, Zip:	
Telephone:	
Fax:	
Email:	
Authorizing Signature:	
Date:	
Production Charges: Any production charges incurred will be billed to the advertiser.	
Terms and Method of Payment: Payment is due 30 days from date o	of invoice.
() Check enclosed - make checks payable to Missouri Association of School	ol Administrators
() Credit Card Number	Exp. Date
(circle one) Visa - or MasterCard Name on Card	CVV
() Send Invoice reference Purchase Order #	

Send Advertising to:

Roger Kurtz Missouri Association of School Administrators 3550 Amazonas Drive Jefferson City, MO 65109 OR email to: roger.kurtz@mcsa.org

Indemnification:

Advertising will be accepted with the understanding that the advertiser and his agency, jointly and severally will indemnify and hold harmless the Missouri Association of School Administrators and any of its officers, agents and employees against expenses (including legal fees) and losses resulting from the publication of the contents of the advertisement, including without limitation, claims or suits for libel, violation of right of privacy, copyright infringement or plagiarism. The Missouri Association of School Administrators reserves the right to reject any advertisement at any time.