

Membership Application and Professional Dues Statement

July 1, 2015—June 30, 2016



Missouri Association of School Administrators

Active Membership

Name: First _____ Last _____

Position: _____

School District: _____

School Address: _____

City: _____ **State:** _____ **Zip:** _____

School Phone: _____ **School Fax:** _____

Cell Phone: _____

(Important for Communications) **Email:** _____

MASA Active Dues: _____

Active dues for MASA are .006 of your 2015-2016 salary, rounded to the nearest dollar. MASA accepts your determination of the amount. Do not list salary, only dues. Example: \$70,000 x .006 = \$420

Group Membership (For multiple central office members)

Any school district whose superintendent is an active member may purchase one additional group membership which may be utilized by all central office assistants. The cost of a group membership is equal to the active membership fee paid by the superintendent of schools. The school district is entitled to designate one group member as a MASA voting member.

Voting Member Name: First _____ Last _____

Position: _____

(Important for Communications) **Email:** _____

MASA Group Dues (Equal to active membership dues amount paid by superintendent): _____

Other Group Members:

Name: First _____ Last _____

Position: _____

Email: _____

Name: First _____ Last _____

Position: _____

Email: _____

Name: First _____ Last _____

Position: _____

Email: _____

Please use additional sheet of paper to add more group members.

IMPORTANT: Please Complete the Back Side (or next page) of This Form

