



Missouri Association of School Administrators

Associate Member Application Form

July 1, 2010—June 30, 2011

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 site? ☐ Yes ☐ No

Internet site you would like MASA to provide link to: _____

Payment Information

MASA Associate Member Dues @ \$50\$ _____

Add \$50 if one set of MASA member mailing labels is desired.....\$ _____

(A full set of 2010-2011 mailing labels will not be available until November 1, 2010.)

MASA Pictorial Directory Advertising (see enclosed Rate Sheet)\$ _____

Total Due:\$ _____

Method of Payment

() Check enclosed (Payable to MASA)

() Credit Card Visa Card No. _____ Exp. Date _____

MasterCard No. _____ Exp. Date _____

() Send Invoice reference Purchase Order # _____

Return completed application and attached district list to:

MASA, 3550 Amazonas Drive, Jefferson City, MO 65109 or Fax to 573-556-6270

For Office use only: Date Received _____ Date Card Sent _____

Check Number _____ Amount Paid _____ Date Paid _____