



# MEMBERSHIP APPLICATION

NEW MEMBER
  MEMBER RENEWAL  
 MEMBER REINSTATE
  CHANGE OF INFO

Name: \_\_\_\_\_  ACTIVE  RETIRED

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: Home: \_\_\_\_\_ Work: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

May we include your information in the Member Directory? Yes  No

Yes, I would like to be contacted about participating on the following committees (check all that apply):

<input type="checkbox"/>	Elementary	<input type="checkbox"/>	Middle	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Higher Ed.
<input type="checkbox"/>	Conference	<input type="checkbox"/>	Banquet	<input type="checkbox"/>	Meetings	<input type="checkbox"/>	Technology
<input type="checkbox"/>	Awards	<input type="checkbox"/>	Scholarships	<input type="checkbox"/>	Teacher of Year	<input type="checkbox"/>	HS Contests
<input type="checkbox"/>	History	<input type="checkbox"/>	Journal	<input type="checkbox"/>	Membership	<input type="checkbox"/>	MS Contests
<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Pi Day	<input type="checkbox"/>	Publicity	<input type="checkbox"/>	

Educator Membership	\$12 x ___ yrs (1 <sup>st</sup> Year Free)	
Pre-Service Membership	\$5 x ___ yrs (Graduation Year Free)	
Reinstatement Fee	\$6	
Scholarship Fund	Tax Deductible Amount	
	TOTAL	

Mail this application and your check payable to MEGSL to: Patrick J. Mooney, MEGSL Treasurer / Membership Chair, 2638 California Ave., Saint Louis MO 63118-1418, [pmooney@parkwayschools.net](mailto:pmooney@parkwayschools.net).

FOR OFFICE USE ONLY:	FTM	PS	LYCS	R
CHECK #: _____	NEW EXP. DATE: _____			