



MEMBERSHIP APPLICATION

 NEW MEMBER

 MEMBER RENEWAL

 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 (scholarly works)	<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"/>	Social Media

Educator Membership	\$12 x ___ yrs (1 st time members 2 yrs/\$12)	
Pre-Service Membership	\$5 x ___ yrs (Graduation Year Free)	
Scholarship Fund	Tax Deductible Amount	
	TOTAL	

Mail this application and your check payable to MEGSL to: Dawn Lester, MEGSL Treasurer, 2137 Maury Ave. #2FL, St. Louis, MO, 63110 dlester@ladueschools.net

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