

Membership Application

Individual name or school principal's name		Individual membership: Title/Position	
School name			
Address		Work _____	Home _____
		Mailing address	
City		State	Zip
School membership: Staff member named as school contact			
E-mail address for individual membership or school contact			
County of school		KMSA region	

Note: The membership year is dated from the month the application is received.

INDIVIDUAL CATEGORIES OF MEMBERSHIP

Student/Retiree Membership (Non-voting)	\$ 25.00
Parent Membership (Non-voting)	\$ 25.00
Regular Membership	\$ 35.00
Dual KY and National Membership	\$ 90.00
<i>(Dual membership entitles you to full benefits of both organizations.)</i>	
AMOUNT DUE	\$ _____

SCHOOL CATEGORIES OF MEMBERSHIP

School membership is based on the number of certified middle grades (5-8) staff in the school.

Number of certified staff: _____

1 --19 (1 vote)	\$ 50.00
20 – 39 (2 votes)	\$ 70.00
40 – 59 (3 votes)	\$ 90.00
60 + (4 votes)	\$110.00
AMOUNT DUE	\$ _____

TOTAL DUE FOR BOTH INDIVIDUAL AND SCHOOL MEMBERSHIP \$ _____

Please return the completed application form with payment or PO number to:

KMSA Membership
P.O. Box 848
Lancaster, KY 40444

08/18/14

OR e-mail to fran@ure.net

For KMSA office use:

Received : _____ (date) _____ check _____ cash _____ PO