



Join Online at [MSAPAC.org](http://MSAPAC.org)

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 District \_\_\_\_\_  
 School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

**Yes! I want to contribute to MSAPAC!**

- |                 |                                  |  |
|-----------------|----------------------------------|--|
| Basic Member    | <input type="checkbox"/> \$30    | <input type="checkbox"/> \$2.50/month  |
| Bronze Member   | <input type="checkbox"/> \$60    | <input type="checkbox"/> \$5/month     |
| Silver Member   | <input type="checkbox"/> \$120   | <input type="checkbox"/> \$10/month    |
| Gold Member     | <input type="checkbox"/> \$180   | <input type="checkbox"/> \$15/month    |
| Platinum Member | <input type="checkbox"/> \$240+  | <input type="checkbox"/> \$20+/month   |
| Other           | <input type="checkbox"/> \$_____ | <input type="checkbox"/> \$_____/month |

**Save the hassle of future paperwork.  
 Sign up for the  
 Automatic Member Renewal Program!**

**How It works:** Until you cancel your membership in MSAPAC, we will annually renew your contributions by billing you each July for payment by check, withdraw your annual one-time credit card contribution, or automatically collect your monthly contribution from your bank account or school district payroll deduction.

Enroll me in the Automatic Member Renewal program!

**MSAPAC Payment Options**

**Personal Checks**

Payable To: MSAPAC  
 3550 Amazonas Dr., Jefferson City, MO 65109  
 Phone: 573-638-2692 Fax: 573-556-6270

Enroll me in the Automatic member renewal program!

**Credit Cards**

Please Charge My Personal Visa/MasterCard/Discover

Card Number \_\_\_\_\_

Expiration Month \_\_\_\_\_ Year \_\_\_\_\_ CVV \_\_\_\_\_  
Last three digits on back

Enroll Me in the Automatic Member Renewal Program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bank Draft**

I would like to have my bank account deducted each month.

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking Account  Savings Account

Electronically withdraw \$\_\_\_\_\_ starting the month of \_\_\_\_\_.

For a period of :  1 yr  2 yrs  4 yrs Other \_\_\_\_\_

\*Deductions occur on or about the 15th of each month.\*

**OR**

Enroll Me in the Automatic Member Renewal Program!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll Deduction**

My district offers a payroll deduction option for MSAPAC. I would like to contribute \$\_\_\_\_\_ each month.

For a period of :  1 yr  2 yrs  4 yrs Other \_\_\_\_\_

**OR**

Enroll Me in the Automatic Member Renewal Program!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_