



MISSOURI SCHOOL BOARDS' ASSOCIATION

Higher Education Affiliate Member Application

www.mosba.org

Name of Missouri Institution of Higher Education _____

Contact Name _____ Position _____

Address _____ PO Box _____

City/State/Zip _____

Phone _____ Ext. _____ Cell _____

Email (required) _____ Website _____

Enrollment _____ Campus Site(s) _____

Additional Contacts: (example: head of educator and administrator prep programs)

Name	Title/Position	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

METHOD OF PAYMENT Make Checks Payable to Missouri School Boards' Association

Amount Enclosed \$ _____ Check # enclosed _____

Credit Card Type: VISA Mastercard

Name on Card _____

Card # _____ Expiration Date _____

Annual Membership is \$ 1,500 per year (July 1 thru June 30). Payment must accompany application.

RETURN COMPLETED FORM TO:

Mike Parnell, Missouri School Boards' Association
2100 I-70 Drive Southwest, Columbia, MO 65203

PHONE 573-445-9920, ext. 331 FAX 573-445-9981
EMAIL: parnell@mosba.org