



MBEA MEMBERSHIP FORM

A. Contact Information

| | | | | | | | |
|--------------|--|--|---------------|----------------------|--|------------|--|
| Name | | | | Last 4 Digits of SSN | | | |
| Home Address | | | Home City | | | Home Zip | |
| School Name | | | School City | | | School Zip | |
| School Phone | | | Email Address | | | | |

B. Membership Information

| | | | | |
|-------------------|-----|----|-----------------------------|--|
| First Time Member | Yes | No | Current MoACTE Membership # | |
|-------------------|-----|----|-----------------------------|--|

C. Dues

| | | |
|-----------------------|--|---|
| MBEA & MoACTE | | \$55 (MoACTE-Missouri Association for Career & Technical Education) <i>REQUIRED</i> |
| National ACTE | | \$80 |
| NBEA | | \$85 (National Business Education Association) |
| Student MBEA & MoACTE | | \$10 |
| Retired MBEA & MoACTE | | \$15 |

Total Dues: \$ _____

D. MBEA District

| | | | |
|--|--------------|---|--------------|
| | Central | | Southeast |
| | East Central | | Southwest |
| | Greater KC | | St. Louis |
| | Northeast | | West Central |
| | Northwest | Visit http://mbea.weebly.com/district-sites.html to determine your district. | |

E. Membership Totals

\$ _____ Dues Total (total from section C)

\$ _____ \$10 Processing & Handling for a Purchase Order, if applicable

\$ _____ Grand Total

F. Payment Information

| | |
|---|---|
| _____ Check Number <i>make checks payable to:</i> MISSOURI ACTE PO BOX 1955 JEFFERSON CITY MO 65102 | MasterCard Visa Card # _____ Expiration Date: _____ 3 Digit code on back of card: _____ <i>(a 4% processing fee will be charged for credit card payments – we will calculate amount at time of processing)</i> |
|---|---|

G. Form Submission

| | | |
|--|--------------------------------|--|
| Mail to: MISSOURI ACTE PO BOX 1955 JEFFERSON CITY MO 65102 | Fax to: 573-635-6258 | Email to: Margie@mo-acte.org |
|--|--------------------------------|--|

Your Signature: _____ Date: _____