

**Technology Education Association of Missouri  
Membership Renewal Form**

\_\_\_\_\_  
 (Last Name) (First Name) (MI)

\_\_\_\_\_  
 (Address) (New Address?)

\_\_\_\_\_  
 (City) (State) (ZIP) (Home Phone Number)

\_\_\_\_\_  
 (School Name) (School Phone No.) (TEAM District)

\_\_\_\_\_  
 (Email Address)

**Make your \$ check payable to TEAM  
and send to:**

	TEAM-Regular, includes \$55.00 (required) MO-ACTE dues	Office Use CK _____	
	TEAM--Student \$5.00	<b>G</b>	
<b>George Moore, Treasurer</b>	TEAM-Retired Teacher \$10.00	C _____	<b>200</b>
<b>200 N. Ohio</b>	ITEA \$70.00	CS _____	<b>A</b>
<b>Appleton City, Missouri 64724</b>	ACTE \$60.00	CY _____	