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

\_\_\_\_\_

(Last Name) (First Name) (MI)

\_\_\_\_\_

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

\_\_\_\_\_

(City) (State) (ZIP) (Mobile Phone Number)

\_\_\_\_\_

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

\_\_\_\_\_

(Email Address)

Missouri ACTE # \_\_\_\_\_ ACTE member # \_\_\_\_\_ I am a first time Missouri ACTE member \_\_\_\_\_

Make checks payable to TEAM  
and mail to:

TEAM/MOACTE	\$55.00 _____ / Office Use	TEAM
TEAM—Student	\$ 5.00 _____ / CK _____	co: Steve McNaught
TEAM—Retired Teacher	\$10.00 _____ / C _____	803 Hickory Street
ITEEA “Prof. E-Member”	\$80.00 _____	Cassville, MO 65625
ACTE	\$80.00 _____	
	Total: _____	

***\$10 Processing & Handling Fee for a Purchase Order***

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