



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

(Last Name) (First Name) (MI)

(Address) (_____ check if new address.)

(City) (State) (Zip) (Mobile Phone Number)

(School Name) (School City) (TEAM Dist.)

(Email Address) _____

Make checks payable to TEAM
and mail to:

TEAM \$25.00 ____ / Office Use

TEAM—Student \$ 5.00 ____ / CK _____

TEAM—Retired Teacher \$ 5.00 ____ / C _____

TEAM
co: Steve McNaught
412 Brittany Court
Aurora, MO 65605

Total: _____

Membership deadline March 1st
\$20 Processing & Handling Fee for a Purchase Order
