

**MISSOURI SOCIETY OF ASSOCIATION EXECUTIVES**

722 E. Capitol Avenue, P.O. Box 1574, Jefferson City, Missouri 65102, Email sboeckman@msae.net

**MEMBERSHIP APPLICATION**  
**(573) 659-8898 ♦ Fax: (573) 635-7823**

*(Please print or type)*

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ASSOCIATION/FIRM \_\_\_\_\_

STREET \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ INTERNET ADDRESS \_\_\_\_\_

*If Associate Member, type of service you provide:* \_\_\_\_\_

Membership Sponsor or Referred by: \_\_\_\_\_

I hereby make application for membership in the Missouri Society of Association Executives. If approved, I will abide by its bylaws, support its objectives, and pay the established dues.

PLEASE MARK THE APPROPRIATE CATEGORY:

**REGULAR MEMBERSHIP:**

Chief Executive Officer (CEO): A full time salaried individual, or individual engaged in multiple association management, whose primary responsibility is to implement the management goals set by the organization's board of directors.

►Dues: \$95.00

Staff Member: A salaried staff member employed by the association who implements the management goals set by the organization's board of directors. ►Dues: \$95.00

**LIFE MEMBERSHIP:** Any individual who has fifteen years of membership in an allied society of ASAE, at least 5 years of which has been an active member of this Society and retired from association management may be approved by the Board as a Life member of this Society and shall enjoy all privileges except voting and holding office. ►Dues: \$25.00

**ASSOCIATE MEMBERSHIP:** Any firm, corporation or individual engaged in providing products or services to MSAE members shall be eligible for non-voting associate membership in this Society. ►Dues: \$145.00

**PLEASE INCLUDE JOB DESCRIPTION AND CHECK WITH APPLICATION.**

DATE: \_\_\_\_\_ SIGNED BY CEO \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED BY APPLICANT \_\_\_\_\_

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**DIRECTORY INFORMATION**

*(Regular and Life Members Only)*

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

**PLEASE INCLUDE A HEAD AND SHOULDERS PHOTO (jpg or tif)**

**Credit Card Payment Option:** Charge my...  Mastercard or  Visa or  Discover

Credit Card # \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date \_\_\_\_\_