

Membership Application

Make your connection to the thousands of other people who are working to provide safe places for children and youth to learn and grow out-of-school time...Send in your membership today.

NOTE: All persons who are paid members of MOSAC<sup>2</sup> also receive membership in the NAA. Both memberships are for a one year period.

All members must complete this page, including individuals applying as part of an Agency Membership. If you are submitting your application as a part of an Agency Membership, please also complete the information on the next page—Additional Agency Membership Information.

Membership Type:  Individual  Student/Retiree  Agency

Student/Retiree consists of students currently enrolled in high school or college or retirees employed part-time in or retired from the school-age field who are interested in MOSAC<sup>2</sup> objectives and services and advancement of the school age movement.

Renewal Status:  New Membership  Renewal

Name \_\_\_\_\_ Title \_\_\_\_\_

Program/Organization \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Preferred Mailing Address: \_\_\_Home \_\_\_Work (one only)

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Best way to contact you: Home Work Email Fax

**TO BEST IDENTIFY WAYS TO SERVE OUR MEMBERSHIP, PLEASE ANSWER THE FOLLOWING QUESTIONS**

Please describe your training and education needs: \_\_\_\_\_

Are you interested in receiving information about the Youth Development Credential?  Yes  No

Have you attended prior MOSAC<sup>2</sup> conferences?  Yes (What years? \_\_\_\_\_)  No

Member Involvement—Please check the activities in which you'd like to take part:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Board Involvement/Recruitment     | <input type="checkbox"/> Awards                                     | <input type="checkbox"/> Conference        |
| <input type="checkbox"/> Advocacy                          | <input type="checkbox"/> Marketing                                  | <input type="checkbox"/> Fund Development  |
| <input type="checkbox"/> Professional Development          | <input type="checkbox"/> Public Relations/Promotional Services      | <input type="checkbox"/> Membership        |
| <input type="checkbox"/> Professional Development/Training | <input type="checkbox"/> Sponsorships                               | <input type="checkbox"/> Infrastructure    |
| <input type="checkbox"/> Fund Development/Special Events   | <input type="checkbox"/> Public Policy/Advocacy/Legislative Studies | <input type="checkbox"/> MOSAIC Newsletter |
| <input type="checkbox"/> Core Competencies/Credentials     |   |  |

Mail this application with the correct annual membership fee payable to MOSAC<sup>2</sup> to:  
MOSAC<sup>2</sup>—PO Box 736—Columbia MO 65205

Additional Agency Membership Information

If multiple applications are submitted at the same time as part of one Agency Membership, one copy of the Additional Agency Membership Information may be submitted as long as all individual Membership Applications are attached. If this is the only membership application submitted at this time for the agency, please complete the Additional Agency Membership Information below.

MOSAC<sup>2</sup>/NAA Agency Contact Personal Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Program/Organization \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

The Agency contact person listed above should be a member of MOSAC<sup>2</sup> (or applying now).  
 If not, check here       Agency contact person IS NOT a member of MOSAC<sup>2</sup>.

**Agency Memberships for MOSAC<sup>2</sup>:**

Please list all names that this Agency Membership applies to below  
 A completed Membership Form must be attached for each person under the Agency membership.

Level 1.....	1-5 members of MOSAC <sup>2</sup> .....	\$240.00
Level 2.....	6-10 members of MOSAC <sup>2</sup> .....	\$480.00
Level 3.....	11-15 members of MOSAC <sup>2</sup> .....	\$720.00
Level 4.....	16-20 members of MOSAC <sup>2</sup> .....	\$960.00
Level 5.....	21-25 members of MOSAC <sup>2</sup> .....	\$1200.00

List names included in this Agency Membership below:


Mail this Agency membership application along with the Individual Membership Applications, and with the correct annual membership fee payable to MOSAC<sup>2</sup> to:  
 MOSAC<sup>2</sup> — PO Box 736 — Columbia — MO — 65205