

# Missouri School Age Community Coalition (MOSAC<sup>2</sup>)/ National Afterschool Association (NAA) 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 in their out-of-school time...Send in your membership today!

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 part of an Agency Membership, please also complete the information on page 2 – Additional Agency Membership Information.

**Membership Type:**  Individual (\$60)     Student/Retiree (\$45)\*     Agency - Each person must complete this form (see page 2 for agency fees)  
\*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 \_\_\_\_\_  
*Please print clearly*

PROGRAM/ORGANIZATION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
*Please include street address, city, state, and zip code*

HOME ADDRESS \_\_\_\_\_  
*Please include street address, city, state, and zip code*

COUNTY \_\_\_\_\_ PREFERRED MAILING ADDRESS:     HOME    or     WORK

WORK PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

WHAT IS THE BEST WAY TO CONTACT YOU?     HOME     WORK     E-MAIL     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     No    IF YES, WHAT YEARS? \_\_\_\_\_

**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"/> Professional Development Institute (Conference) |
| <input type="checkbox"/> Public Relations / Promotional Services | <input type="checkbox"/> Professional Development/Training          | <input type="checkbox"/> Sponsorships                                    |
| <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           | <input type="checkbox"/> Membership                                 | <input type="checkbox"/> Infrastructure                                  |

**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 65202**

FOR OFFICE USE ONLY:    DATE RECEIVED \_\_\_\_\_    MEMBER NUMBER \_\_\_\_\_

COMMENTS:

## MOSAC<sup>2</sup> / NAA - 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 (page 2) may be submitted as long as all individual Membership Applications (page 1) 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 Person Information

The organization will receive a group discount through the Agency Membership option; therefore, it is necessary to have a "contact person" for the Agency Membership application. Please identify one individual from the organization to be the contact person for Agency Membership correspondence. Note: MOSAC<sup>2</sup> and NAA membership benefits, such as the Mosaic, are sent to the individual as listed on page 1 of the membership form.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
*Please print clearly*

PROGRAM/ORGANIZATION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
*Please include street address, city, state, and zip code*

COUNTY \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ 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 (page 1) 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 form, along with all individual membership forms, and the membership fee payable to MOSAC<sup>2</sup> to:  
**MOSAC<sup>2</sup> – PO Box 736 – Columbia, MO 65202**