



Missouri Scholars Academy ALUMNI ASSOCIATION

MEMBERSHIP FORM: MISSOURI SCHOLARS ACADEMY ALUMNI ASSOCIATION

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Birthdate _____

Is the address listed above different from the address currently in MSA files? ____

I was a scholar ____ faculty/staff member ____ in _____ (year).

Please, mail this form, along with \$20.00 lifetime membership dues, to:
MSAAA, c/o A&S Dean's Office, 317 Lowry Hall, Columbia, MO 65211