

**2009-2010 Conference Registration & Membership Application**  
*Speech and Theatre Association of Missouri*

Name \_\_\_\_\_ Phone (school/work) \_\_\_\_\_  
 Institution \_\_\_\_\_ Phone (home) \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ *Check here if you DO NOT wish to have your home phone number listed in the annual directory*

**A. MEMBERSHIP (check one).....\$ \_\_\_\_\_**  
 All categories receive an annual directory, a copy of the annual *Journal of the Speech and Theatre Association of Missouri*, information on the fall conference, access to the association's listserv, voting privileges, the opportunity to apply for and/or receive awards, grants, and scholarships, and advocacy.

\_\_\_\_\_ **Emeritus.....\$000.00**  
 This category is for past recipients of the STAM Emeritus Award. There is no fee.

\_\_\_\_\_ **Institutional.....\$ 55.00**  
 Generally intended for departments, schools, or companies, this membership allows for one professional and one student to act as members at the conference and during the year as part of the fee.

\_\_\_\_\_ **Life.....\$300.00**  
 This category allows the member to receive membership privileges for as long as s/he desires to be affiliated with STAM. This may be paid in three installments of \$100.00.

\_\_\_\_\_ **Regular.....\$ 25.00**  
 This is the standard category of membership.

\_\_\_\_\_ **Sustaining.....\$ 45.00**  
 This membership includes a \$20.00 contribution to the association's scholarship fund.

\_\_\_\_\_ **Student.....\$ 15.00**  
 This membership is the same as regular, but is reserved for individuals who are enrolled at least half-time in an educational institution. *Students do not pay a conference registration fee if they join the association.*

\_\_\_\_\_ **Retired.....\$ 15.00**  
 This membership is the same as regular, but is reserved for individuals who are retired from their full-time professional speech and theatre activities.

**B. CONFERENCE REGISTRATION (waived for students joining STAM).....25.00 . \$ \_\_\_\_\_**

**C. MEALS.....\$ \_\_\_\_\_**  
 \_\_\_\_\_ **Friday Banquet tickets @ \$25.00 each**  
 \_\_\_\_\_ **Saturday Luncheon & Business Meeting tickets @ \$15.00 each**  
 \_\_\_\_\_ **Friday Student Lunch (students only)—free BUT must pre-register**  
 \_\_\_\_\_ *Check here if you prefer a vegetarian meal, or list other dietary needs*

**TOTAL AMOUNT DUE—Add A (membership), B (conference), and C (meals).....\$ \_\_\_\_\_**  
 Make checks payable to "STAM." Send payment and forms to Scott Jensen, Executive Secretary—STAM, 1028 Nagia Court, Fenton, MO, 63026. Fax forms to Scott Jensen at (314) 963-6106 or email to jensenc@webster.edu. Inquiries can also be phoned to (314) 968-7439 or (636) 225-4766. Further information on the association and the annual conference can also be obtained at the association's website, STAMNET.ORG.

Would you like to donate to the STAM Scholarship fund? (amount to donate) \_\_\_\_\_  
 Please check here if you **do not wish** to have your email included in the STAM listserv \_\_\_\_\_

*The Speech and Theatre Association of Missouri is making every effort to offer high quality professional development that meets the guidelines of "No Child Left Behind," the National Staff Development Council, and the state of Missouri. Many offerings are done in series format to ensure sustained effectiveness. Single session offerings are trainings, introductions to later series, or simply informational sessions that do not require sustained participation.*

**2009-2010 STAM Membership/Registration**  
**Page 2—Addendum**

Name \_\_\_\_\_ Level you teach \_\_\_\_\_

Subject(s) Taught \_\_\_\_\_

Please provide us with the following information to aid in both our record keeping and association archival records.

1. If you are to be billed for a balance of your membership/registration, please provide the address and individual who should receive the invoice for payment. ***This information MUST be provided in order for STAM to bill you—otherwise payment must be received at the time of registration.***

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

2. Are you a new or returning member of STAM? IF you are a returning member, how many years have you been a member of STAM (your best guess please!).
3. Are you a past winner of any STAM awards or scholarships? If so, please provide award(s) and year(s) awards were won.
4. Are you a past officer in STAM? If so, please provide the office(s) and years served in each capacity.
5. Would you like to be paired with a peer mentor?      Yes                      No  
  
IF so, please provide the area(s) in which you would like to be mentored?
6. Are you willing to serve as a mentor?                      Yes                      No  
  
IF so, please provide the area(s) in which you would most like to mentor.

