

MASA PLATINUM MEMBERSHIP

OSU Retiree or Employee Transfer Application

NAME (Last, First, Middle): _____ DOB: ____ / ____ / ____

SPOUSE (Last, First, Middle): _____ DOB: ____ / ____ / ____

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: (____) ____ - ____ Alt. Phone: (____) ____ - ____ Email: _____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

Dependent Name: _____ DOB: ____ / ____ / ____

PLATINUM MEMBERSHIP OPTIONS	PAYMENT OPTIONS AND AUTHORIZATION
Monthly Platinum Membership	SELECT PAYMENT TYPE: <input type="checkbox"/> Check <input type="checkbox"/> Money Order (Please make payable to MASA) #: _____ <hr/> <input type="checkbox"/> Credit Card: Visa / Master Card / Discover / AMEX # _____ Exp. Date: ____/____ For Monthly Option, enter desired date of monthly charge: _____ Signature: _____ <hr/> For Bank Draft: <input type="checkbox"/> Checking (please include voided check) Bank Name: _____ State: ____ Acct. #: _____ Routing #: _____ For Monthly Option, enter desired date of monthly draft: _____ <hr/> Auto Renewal of Annual or Multi-year membership? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ <hr/> I hereby authorize MASA to initiate a debit from my account indicated at above financial institution. If this item is returned unpaid, I authorize an additional returned check fee in conformity with the policies of my financial institution. The credit card and bank draft authorizations remain in full force and effect until MASA has received written notice from me of its termination, in such time and manner as to afford MASA and Depository a reasonable opportunity to act on it.
Family: ____ \$39	
Annual Platinum Membership	
Family: ____ \$468	
INITIAL PAYMENT CALCULATION	
\$ _____ Membership Fee (\$60 Initiation Fee Waived) \$ _____ Total Initial Payment	
BILLING & CONTACT INFORMATION	
Andrew Zink: Regional Director – Midwest States Direct Line: 314-540-5729 Email: AZink@MASAmts.com Mailing Address: 712 Woodrun Drive Ballwin, MO 63021	

► _____ **Member's Signature** _____ **Name (Printed)** _____ **Date**

MASA MTS Rep	Other
Zink	7311033