



# Missouri Educators Unified Health Plan, Inc.

## 2013-2014 APPLICATION FOR MEMBERSHIP

### 2013-14 Board of Directors and Regional Leadership

**President**

Ken Cook, Malden R-I

**Vice President**

Dianna Hoenes, Marion Co. R-II

**Treasurer**

Stan Stratton, Dunklin R-V

**Secretary**

John French, Morgan Co. R-I

**Northwest**

**Board Member**

John James, Mid-Buchanan Co R-V

**Northeast**

**Board Member**

Dianna Hoenes, Marion Co. R-II

**West Central**

**Board Member**

Dr. Jaret W Tomlinson, Knob Noster R-VIII

**Central**

**Board Member**

John French, Morgan Co R-I

**Southeast**

**Board Member**

Ken Cook, Malden R-I

**South Central**

**Board Member**

Sherry Burns, Naylor R-II

**Southwest**

**Board Member**

Dr. Kevin Goddard, Sarcoxie R-II

**St. Louis**

**Board Member**

Stan Stratton, Dunklin R-V

Name of School District \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Payroll Supervisor/HR Director \_\_\_\_\_

Type of Membership:  Voting  Non Voting

**Region:**

- Northwest  Northeast  Southwest  Southeast  
 West Central  South Central  Central  St. Louis

The Missouri Educators Unified Health Plan, Inc. is a non profit corporation formed for the purpose of promoting the common interests and mutual benefit of its members by engaging in providing and maintaining insurance and other benefits for its members as permitted by the statutes of the State of Missouri and the transaction of any other lawful activity.

Each member will pay an initial assessment of \$250 within 30 days after the membership application is approved by the Board of Directors.

By completing and signing this form, the named organization is applying to become a member of the Missouri Educators Unified Health Plan, Inc. In the event of a member's resignation or termination from membership, it is understood that neither the initial assessment nor any future assessments will be refundable. It is understood that membership involves certain obligations and responsibilities and that by becoming a member, all of the benefits of such membership will be available. I hereby agree on behalf of the above named organization to be bound by the statements set forth on this application and the Articles of Incorporation and By Laws of the corporation. It is acknowledged that membership is not automatic upon submission of this application, but is subject to the approval of the Board of Directors.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Printed Name)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Forrest T. Jones and Company, Administrator  
3130 Broadway  
Kansas City, MO 64111

Office: 800-821-7303 ext 1179  
Fax: 816-751-6051