



CSTA Membership Application

First Name _____ Last Name _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Fax _____ County _____

E-Mail _____

Business or school (if for mailing) _____

Type of School:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Junior High/Middle | <input type="checkbox"/> High School |
| <input type="checkbox"/> University/College | <input type="checkbox"/> School District | <input type="checkbox"/> Other |

Primary Interest:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> General Science | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Life Science |
| <input type="checkbox"/> Physical Science | <input type="checkbox"/> Integrated Science | <input type="checkbox"/> Other |
| <input type="checkbox"/> Earth Science | <input type="checkbox"/> Teacher Education | |

Type of Membership:

- | | |
|---|-------|
| <input type="checkbox"/> Individual - 1 year | \$39 |
| <input type="checkbox"/> Individual - 3 year | \$85 |
| <input type="checkbox"/> Student - 1 year only | \$25 |
| <input type="checkbox"/> Retired | \$25 |
| <input type="checkbox"/> Lifetime | \$365 |
| <input type="checkbox"/> Corporate (<i>supporting member</i>) | \$140 |

You can charge to your VISA, MasterCard, Discover, or American Express and mail or fax form to (916) 979-7023.

- Credit card # _____
Expiration Date _____

Or, please make checks payable to CSTA and mail to:
3800 Watt Ave., #100 - Sacramento, CA 95821

- Please do not include my name on mailing lists other than CSTA's.

Sponsored by _____