

# CSTA Membership Application



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business or School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ County \_\_\_\_\_

E-Mail\* \_\_\_\_\_

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

### Type of Membership:

- Individual - 1 year .....\$39
- Individual - 3 year .....\$85
- Student - 1 year only.....\$25
- Retired.....\$25
- Lifetime .....\$365
- Corporate (*supporting member*)...\$140

### Type of School:

- Pre-K
- Elementary
- K-8
- Junior High/Middle
- High School
- University/College
- School District
- County Office
- Museum/Aquarium/  
Informal Science Org.
- State/Federal Government  
Agency
- Other

### Primary Interest:

- General Science
- Earth Science
- Life Science
- Physical Science
- Environmental Science
- Integrated Science
- Teacher Education
- Other

\*By including my email address, I consent to receive electronic communications from the California Science Teachers Association to the email address I've provided and understand that my consent may be revoked at my discretion by notifying CSTA at the address above.

### Method of Payment

(make checks payable to CSTA)

Check or P.O. #: \_\_\_\_\_

School/District: \_\_\_\_\_

Visa       MC       AMEX       Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Faxed forms will be accepted with credit card orders only. Fax orders to CSTA at (916) 979-7023 or mail form to: CSTA, 3800 Watt Avenue, #175, Sacramento, CA 95821.