



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.

*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.