

## Application for CSTA Student Chapter

The \_\_\_\_\_ requests a student chapter to be affiliated with the California Science Teachers Association.

### Faculty Advisor

Name: \_\_\_\_\_ CSTA Membership #: \_\_\_\_\_

College/University: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

\_\_\_\_\_ I agree to serve as the recognized liaison between CSTA and this student chapter and to maintain my CSTA membership.

\_\_\_\_\_ I agree to submit annual reports regarding CSTA student chapter activities.

### Chapter President

Name: \_\_\_\_\_

College/University: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

This application was completed by:

Printed Name	Title
Signature	Date

Submit materials to:

**California Science Teachers Association**  
**3800 Watt Avenue, Suite 175**  
**Sacramento, CA 95821**