

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
950 Glenn Drive, Suite 150
Folsom, CA 95630