

MEMBERSHIP APPLICATION
Science Teachers Association of Texas
 One Form Per Person -- Please Fill Out As Completely As Possible

Date _____

First Name _____ Middle Initial _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

ESC Region _____ School/Campus _____ District/Business _____

Work Address _____

Home Phone _____ Work Phone _____ Fax _____

E-mail _____

Job Description (all that apply)	Grades Taught (all that apply)	Subjects Taught (all that apply)
<input type="checkbox"/> STUDENT TEACHER <input type="checkbox"/> TEACHER <input type="checkbox"/> SUPERVISOR/CONSULTANT <input type="checkbox"/> DEPARTMENT HEAD <input type="checkbox"/> PRINCIPAL/ADMINISTRATOR <input type="checkbox"/> COLLEGE/UNIVERSITY PROFESSOR <input type="checkbox"/> SCIENCE SPECIALIST <input type="checkbox"/> STUDENT <input type="checkbox"/> BUSINESS <input type="checkbox"/> RETIRED <input type="checkbox"/> Other: _____	<input type="checkbox"/> K <input type="checkbox"/> 9 <input type="checkbox"/> 1 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 12 <input type="checkbox"/> 4 <input type="checkbox"/> 2 YR COLLEGE <input type="checkbox"/> 5 <input type="checkbox"/> COLLEGE/UNIV <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 School (Mark one) <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<input type="checkbox"/> ELEMENTARY SCIENCE <input type="checkbox"/> INTEGRATED SCIENCE (K-8 ONLY) <input type="checkbox"/> ANATOMY & PHYSIOLOGY <input type="checkbox"/> BIOLOGY <input type="checkbox"/> INTEGRATED PHYSICS & CHEMISTRY <input type="checkbox"/> PHYSICS <input type="checkbox"/> CHEMISTRY <input type="checkbox"/> GEOLOGY/METEOROLOGY/OCEANOGRAPHY <input type="checkbox"/> AQUATIC SCIENCE <input type="checkbox"/> ENVIRONMENTAL SCIENCE <input type="checkbox"/> ADV. PLACEMENT; INTL. BACCALAUREATE <input type="checkbox"/> INFORMAL SCIENCE EDUCATION <input type="checkbox"/> TEACHER EDUCATION

National Science Teachers Association: Member Point of Contact Key Leader
 I do NOT want additional mailings about science events and opportunities.

Please Select Your Membership Type:

- Retired: \$5
- Regular: \$25
- Corporate / Business: \$200

Mail form and check, payable to STAT, to:
STAT
 5750 Balcones Dr., Ste 201
 Austin, TX 78731