



Louisiana Science Teachers Association

Membership Application

NEW MEMBER: **RENEWAL:**

Name: _____
(Please print.)

Address: _____
(This should be where you receive mail; even during the summer!)

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Confidential: ___Yes ___ No

Parish: _____ School: _____

Position: _____ Fax: _____

Email: _____
(Must be provided to receive correspondences from LSTA (including the LASER))

Check here if you are interested in receiving the science E-blast!

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____) _____

LA Region (1-8 see map) _____

Mail to: Jean May-Brett, LSTA, 1627 Taylor St. Kenner, LA 70062

(Make checks payable to LSTA)

Membership Dues (Check one box.)

- 1 year membership \$15.00
- 3 year membership \$40.00
- Full Time Student - 1 year membership \$10.00

