



MEMBERSHIP FORM

Welcome to MAST! Please print, complete, and mail this form to the address below.

Type of Membership – Please check one space in each column.

- | | |
|--|----------------------------------|
| <input type="checkbox"/> 1 year – \$15.00 | <input type="checkbox"/> New |
| <input type="checkbox"/> 3 year – \$40.00 | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Student – \$5.00 (1 year) | |

Member Information – Please fill this out completely!

Last Name		First Name		Level – please check all that apply: <input type="checkbox"/> Pre-K <input type="checkbox"/> Elementary <input type="checkbox"/> Student <input type="checkbox"/> Supervisory <input type="checkbox"/> Middle/Jr. High <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Organization (please specify) <input type="checkbox"/> Other (please specify)
Street Address				
City		State	Zip	
Local School System		School		
Home Phone	Work Phone	Cell Phone		
Email Address		Alternate Email Address		

I would like to donate \$ _____ to support:
 the MAST Awards for Excellence in Science Education Program
 the MAST Mini-Grants Program

Please make your check payable to the Maryland Association of Science Teachers (MAST) and send it with this completed application to:
 MAST
 P.O. Box 368
 Finksburg, MD 21048

For Office Use: Date Received _____ Amt Paid _____ Membership to: _____
 Cash _____ Check Number _____ Check date _____