



STATE _____
_____ check # _____
Amount: _____
Dated: _____

2011 MEMBERSHIP FORM

NAME: _____

TITLE: _____

ORGANIZATION NAME: _____

WORK ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ EMAIL ADDRESS: _____

NOTE: Information provided on this form will be posted on the website as contact information

2011 Membership Dues = \$25

_____ **State** (an employee of the Department of Education of any state or territory of the US, the District of Columbia, and Puerto Rico, who has been designated by their chief state school officer as having statewide science education as their primary responsibility)

_____ **Associate** (A former state member of the Council who worked directly for a State Education Agency)

_____ **Affiliate** (a person interested in the vision, mission, purposes, and goals of CSSS who has been nominated by a State Member and awarded membership by a vote of the Board)

Two ways to pay (Please fill in the circle by your choice of payment):

By check: Make checks payable to: Council of State Science Supervisors (CSSS)
Mail to: C. J. Evans, Treasurer
614 Indian Hills Drive
St. Charles, MO 63301-0561

By PayPal or Credit Card: <http://www.csss-science.org/meetings.shtml>
You will receive a receipt via Pay Pal and email.

Questions? Contact CJ Evans at 314-614-7707 or jecjevans@charter.net