



Science Teachers of Missouri

Membership Application Form

www.stom.org

Renewal
 New Member
 Change of Information Only

Name: *Last* *First* *Middle*

Title: Mr. Ms.
 Mrs. Dr.

Are you an NSTA member? Yes No
Preferred Mailing Address Home School

Do you wish to have your name omitted from lists provided to other organizations? Yes No

Home Contact Information:

Address: _____

City: _____ **State:** ____ **Zip:** _____-____

County: _____ **Home Telephone:**
 (_____) _____-_____

School Contact Information:

School Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____-____

County: _____ **School Telephone:**
 (_____) _____-_____

****** Your E-mail Address is REQUIRED, it is your STOM Web site User ID. ******

E-Mail Address: _____

Interests: (check all that apply)

Level: Elementary Middle School Junior High
 High School College Supervisory

Area: Astronomy Biology Chemistry Earth Science
 General Science Physical Science Physics

Membership Options:

One year membership - \$17.00 Two year membership - \$31.00
 Full-time Student - \$8.50 (one year) Life Membership - \$450.00 (Single Payment)*
 Life Membership with deferred payment - \$90.00 initial and four \$90.00 quarterly payments.*

Total Amount Enclosed: \$ _____ Check No: _____

Please make your check payable to: STOM (Federal Tax ID: 43-1395177)

**Mail to: Dr. James Puckett – STOM Corresponding Secretary
 15102 Grand Summit Blvd Apt 104
 Grandview MO 64030-3381**

** Become a STOM Life Member to avoid future dues increases and the hassle of continued renewals.*

Office Use Only:

Date Received: _____

