



**NEW HAMPSHIRE**  
SCIENCE TEACHERS' ASSOCIATION

**MEMBERSHIP**

{ VOLUNTEERS FOR IMPROVING SCIENCE EDUCATION; CLASSROOM TEACHERS HELPING CLASSROOM TEACHERS. }

To join NHSTA please fill in the following form and send it with a check for the appropriate amount.  
(NHSTA will honor purchase orders.)

*\*A free membership is extended to retired New Hampshire teachers, pre-service New Hampshire teachers, and all first year New Hampshire teachers.*

**NAME :** \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- \_\_\_\_\_ *New NHSTA Member (\$20)*
- \_\_\_\_\_ *Renewing NHSTA Member (\$20)*
- \_\_\_\_\_ *Retired New Hampshire Teacher (COMPLIMENTARY)*
- \_\_\_\_\_ *Pre-service New Hampshire Teacher (COMPLIMENTARY)*
- \_\_\_\_\_ *First Year New Hampshire Teacher (COMPLIMENTARY)*
- \_\_\_\_\_ *School Membership\* (1-10 teachers \$200; 11-20 teachers \$250; 21 or more teachers \$300)*

**NHS A MEMBER ADDRESS PREFERENCE:** \_\_\_\_\_ *Home* \_\_\_\_\_ *School*

**SCHOOL NAME:** \_\_\_\_\_

**GRADE(S) TAUGHT:** \_\_\_\_\_ **SUBJECTS TAUGHT:** \_\_\_\_\_

*Please choose one of the following addresses for your mail and e-mail! (If you are renewing and nothing has changed - simply write "same" below)*

**SCHOOL ADDRESS:**

**STREET:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **SCHOOL PHONE:** \_\_\_\_\_ **SCHOOL E-MAIL:** \_\_\_\_\_ \*\*

**HOME ADDRESS:**

**STREET:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **HOME E-MAIL:** \_\_\_\_\_ \*\*

*\*If this is a school membership, attach all members' information in one envelope with check or purchase order and make note of school on all applications.*

*\*\*If you provide an e-mail address, we will confirm receipt of your application.*

Send your application to:

NHSTA  
PO Box 583  
Littleton, NH 03561