

Informal Science Education Association of Texas

Membership Application

Please complete one form per person.

Date _____
Name: Last _____ First _____ M. I. _____
Position _____
Institution/Business/School & District _____
Address _____
City _____ State _____ ZIP _____
Day Phone _____ PM Phone _____ FAX _____
E-mail* _____ ESC Region _____

* Please print neatly and clearly -- most ISEA correspondence is delivered thru email!

Mark all that apply:

<u>Organization</u>	<u>Job Description</u>	<u>Ages Taught</u>	<u>I provide the following:</u>
<input type="checkbox"/> Aquarium	<input type="checkbox"/> College/Univ.	<input type="checkbox"/> Infants	<input type="checkbox"/> Family Learning Events
<input type="checkbox"/> Art Museum	<input type="checkbox"/> Professor	<input type="checkbox"/> PreK-5	<input type="checkbox"/> Informal Education Programs
<input type="checkbox"/> Botanical Garden	<input type="checkbox"/> Consultant	<input type="checkbox"/> 6-8	<input type="checkbox"/> Internship Opportunities
<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Department head	<input type="checkbox"/> 9-12	<input type="checkbox"/> Professional Development Opportunities
<input type="checkbox"/> Children's Museum	<input type="checkbox"/> Educator	<input type="checkbox"/> College/University	<input type="checkbox"/> TEKS-aligned materials
<input type="checkbox"/> College/University	<input type="checkbox"/> Exhibit Design	<input type="checkbox"/> Adults	
<input type="checkbox"/> Government	<input type="checkbox"/> Interpreter		
<input type="checkbox"/> History Museum	<input type="checkbox"/> Student		
<input type="checkbox"/> K-12 Educator	<input type="checkbox"/> Supervisor		
<input type="checkbox"/> Nature Center	<input type="checkbox"/> Teacher		
<input type="checkbox"/> Science Center	<input type="checkbox"/> Retired		
<input type="checkbox"/> Science Museum	<input type="checkbox"/> Other _____		
<input type="checkbox"/> State Park			
<input type="checkbox"/> Zoo			
Other _____			

(Check One:)

- New (\$10.00)
 Renewal (\$10.00)

Recruited By: _____

Amount Paid \$ _____

Please do not send cash.

Remit one check or money order for dues payable to ISEA.

ISEA is not able to accept payment by credit card at this time.

Mail form and payment to:

ISEA
PO BOX 49999
Austin, TX 78765