



Virginia Association of Science Teachers, Inc.

MEMBERSHIP FORM



The VAST dues-year runs from January to December.

Below you will find several options to either join or renew your membership. A temporary membership card will be sent to your email address. VAST members receive four issues of *The Science Educator* and free admission to the Science Museum of Virginia and the Virginia Museum of Natural History.

New Member **Membership Renewal**

Name (First – Last) _____

Address: Street _____

City _____ **State** _____ **Zip** _____

Home Phone # _____

E-mail _____

School ~ University ~ Business Name: _____

School District, if applicable: _____ **Region (see map below):** _____

Are you a Point-of-Contact (BaP) for your school? _____ **Yes** _____ **No**

Professional Level (select one): Elementary School Middle School High School
 College Supervisor Business Full-time Student

Specialty ~ Certification (Select all that are applicable):
 Biology/Life Science Chemistry Earth Science Elementary
 Environmental Science Physics/Physical Science Other

DUES (2009+):

- One-year (1) year \$25.00
- Three-year (3) years \$60.00
- Lifetime Membership \$200.00
- Retired VAST member (one-year) \$10.00
- One-year Corporate Membership \$ 150.00

Your organization will 1) be listed in each of the four quarterly newsletters, in the PDI Program, and on the VAST website: <http://www.vast.org/> and 2) receive a 10% discount on ads in the VAST Quarterly Newsletter, ads in the PDI Program, and PDI Exhibitor Registration.

- One-year Corporate Benefactor \$ 500.00

Your organization will 1) be listed in each of the four quarterly newsletters, in the PDI Program, and on the VAST website: <http://www.vast.org/> and 2) receive a 15% discount on ads in the VAST Quarterly Newsletter, ads in the PDI Program, and PDI Exhibitor Registration.

Voluntary contribution

Eduware “First Timers” Awards
 Amount: \$ 5.00 or _____

TOTAL PAYMENT

Payment Choice:

_____ **Check Payable to VAST (Fed ID #54-1265890) #** _____

_____ **Credit Card (circle one): Mastercard Visa American Express**

Credit Card # _____ **Expiration (mm/yy)** _____

Name on Card _____ **CID#** _____

Authorized Signature _____

Send membership application and payment to:

Jimmy Johnson (Treasurer)
 12141 Winns Church Rd.
 Glen Allen, VA 23059
treasurer@vast.org

