



Science Educator Membership

Count me in!

_____ I am an Indiana middle or high school teacher, and accept the complimentary Science Educator Membership Invitation of the Indiana Academy of Science. Please register my membership in the Academy and send the Member Welcome Packet to my mailing address indicated below .

Members of the Indiana Academy of Science are science professionals from industry and academia, Indiana College and University students, teachers in the Indiana public and private schools, nationally and internationally recognized scientists from Indiana, and residents of the general Indiana community. Your involvement in the Indiana Academy of Science helps to continue a rich tradition of science excellence in Indiana.

Please check the appropriate boxes below and return this form to the **Indiana Academy of Science at 650 West Washington Street, Indianapolis IN, 46204** *Thank you.*

MEMBERSHIP REGISTRATION:

Dr. Mr. Mrs. Ms.
Name _____

Last

First

Check one:

Middle School Teacher

High School Teacher

Where do you teach? _____

(Name of school)

(Address of school)

What subject (s) do you teach? _____

What grade (s) do you teach _____

How long have you taught? _____

Your Mailing Street Address _____

City _____

State _____

Zip Code _____

Your Highest Degree: _____

Year Earned: _____

College/Univ: _____

Your Email Address: _____

Telephone #: _____

Your choice of Section interest (check one):

__ Anthropology

__ Ecology

__ Plant Systematics and Biodiversity

__ Botany

__ Engineering

__ Cell Biology

__ Environ. Sciences

__ Mathematics

__ Microbiology & Molec. Biology

__ Science Education

__ Chemistry

__ Physics & Astronomy

__ Zoology & Entomology