

KATS Membership Form

Name: _____

First Mi Last

Title/Organization: _____

Mailing Address: _____

City: _____

State: _____

Zip+4: _____

County (Abbreviated): _____

Phone Numbers:

Home: _____

School/work: _____

Fax: _____

Email: _____

Supervising Teacher: _____

Have you ever been a KATS member before?

___ No ___ Yes, expired @ ___/___/___

SCHOOL INFORMATION

School/Organization Name:

USD #: _____

Are you a:

___ Teacher ___ Student ___ Administrator

Grade level(s) -- circle all that apply:

K 1 2 3 4 5

6 7 8 9 10 11

12 College Other

Retired Teacher/Administrator

Non-profit organization Business

Other

Subject Area(s) you teach (circle all that apply):

All Subjects Chemistry
Computer/Tech General Science
Earth Science Math
Bio/Life Science Non-Science
Physics/Phys Science Special/Gifted

Membership type:

___ Regular (newsletter, voting) \$30
___ Two year membership \$50
___ Full-time student (newsletter, non-voting) \$10
___ Retired \$10

Amount enclosed: \$ _____

Send completed form and check for dues (payable to KATS) to:

Lori Coles
Box 1077
Meade, KS 67864
Or email to: colesl@usd226.org

