

COLORADO BIOLOGY TEACHERS' ASSOCIATION
Membership Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Preferred E-Mail: _____

School (Employer): _____

School (Work) Address: _____

City(Work): _____ State: _____ Zip: _____

Work Phone: _____

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Membership classes are:

*Full Membership*

*Student & Retired Persons*

1 year \$7.50

1 year (Student) \$4.00

3 years \$18.00

1 year (Retired) \$4.00

3 years (Retired) \$10.00

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Amount enclosed: \$ _____ Make your check payable to: CBTA

Mail to: Kathleen Jones
601 Locust Street
Windsor, CO 80550