

What is OSTA

OSTA is a state chapter of the National Science Teachers Association comprised of local teachers who are interested in all levels of science education. Its purpose is to encourage, promote, and assist in Improving science teaching and learning throughout the state.

OSTA, with the strength of over 800 science educators, is excited about the future of science education in the state of Oregon. We encourage your support and involvement in the development of quality science programs throughout the state.

You are invited to become an active member by first mailing in your application. If already a member, share this brochure with a colleague.

Members are encouraged to vote in the annual election for the OSTA Board of Directors and to serve on the board by running for office. You are invited to publish ideas and articles in the TOST and present sessions at the OSTA conferences.

VISIT OUR WEBSITE - at www.oregonscience.org to see all of the opportunities for involvement.

Benefits of Oregon Science Teachers Association Membership

PUBLICATIONS: OSTA members receive *The Oregon Science Teacher (TOST)* which includes classroom ideas and contemporary issues. A calendar of workshops and programs is listed in each issue

LISTSERV: OSTA members elect whether or not to join the list serve. Those on the listserv receive the eTOST on a regular basis. This newsletter has information about grants and professional development opportunities. Those part of the listserv have the ability to communicate with other OSTA members.

CONFERENCES: OSTA Sponsors an annual conference which features a variety of topic sessions and featured speakers. Commercial exhibits and other activities are planned for teachers to meet and share lesson plans in all areas of science. Regional conferences may be organized in your area on an annual basis.

AWARDS: OSTA recognizes outstanding science teachers throughout the state at all grade levels through an awards program

MEMBERSHIP APPLICATION

Name _____
(last) (First) (MI)

Address _____
(Home) (Street)

(City) (State) (Zip)

School/Affiliation _____

Home phone _____

Work phone _____

FAX _____

E-mail _____

Grade Level: ___ Elem, ___ MS, ___ HS, ___ Coll, ___ other

Membership Category:

___ 2-year Regular	\$70
___ 1-year Regular	\$40
___ 1-year Student/Retired	\$35

Send a check or use a credit card and send to the address listed on the back of this brochure.

VISA, Mastercard, or Discover Card—circle which one you are using

Name on Card _____

Number _____

Exp Date: mo ____, yr ____, CV/security No. ____ (on back of card)