

**COLORADO BIOLOGY TEACHERS' ASSOCIATION**  
*Membership Form*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

School (Employer) \_\_\_\_\_

School (Work) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

**CBTA DUES**

Circle your membership choice:	1 yr	\$7.50
	3 yr	18.00
	Student	4.00
	Retired	4.00

Amount enclosed \$ \_\_\_\_\_      Make your check payable to: **CBTA**

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