



Membership Application & Conference Registration

Hyatt/Lexington Civic Center November 3 - 5, 2011

Last Name _____ First Name _____ M.I. _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Email _____

School Name _____ School District _____ Zip _____

Organization Name (if applicable) _____

Org. Address _____ City _____ State _____ Zip _____

Levels (check all that apply): Primary Intermediate Middle High College Other

Are you an NSTA member? yes no

Are you interested in serving on the KSTA Board of Directors? yes no

CHECK HERE if you need SPECIAL ASSISTANCE due to a disability. Please provide a description:

✓	KSTA Membership Dues	
	1 year membership	\$40.00
	3 year membership	\$100.00
	Retired	\$30.00
	Administrator	\$40.00
Conference Registration		
	Member <i>Early-Bird rate (by 10/21/2011)</i>	\$100.00
	Member rate (after 10/21/2011)	\$125.00
	Non-member rate	\$165.00
	Full-time Student (pre-service) Professor's signature required x _____	\$30.00
	First Year Teacher Principal's signature required x _____	\$105.00
	Full Conference <i>Early-Bird rate</i>	\$140.00
	Full Conference	\$165.00
Saturday Only Registration		
	Member rate	\$50.00
	Non-member	\$95.00
	Conference Exhibits Pass for Spouse	\$20.00
	Total:	
	Date:	

Check/Money Order # _____

PO# (copy MUST be attached) _____

Bill to (District or School): _____

Address: _____

Please bring a copy of your PO to the conference as proof of payment.

Mail application and payment to:
 KSTA
 P.O. Box 991236
 Louisville, KY 40269-1236
 Phone/Fax: 1-502-267-5708
 Phone/Fax: 1-866-267-KSTA (5782)
Confirmation of receipt will be sent by email only.