

MEMBERSHIP APPLICATION FORM

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				I	Date:	
Name:						
Address:						
City:			State:		Zip:	
Main phone:			Alternate phone:			
E-mail:						
The membership year runs from January 1 to December 31. Those who join for the first time in the second half of the						
year (July 1 - Dec 31) will have their membership extended through Dec 31 of the following year.						
Membership Levels						
Regular membership:						\$30
Sr. Citizen: (One person 60 years of age or older)						\$22
Student: (One person attending classes full-time)						\$17
Family membership: (Immediate family members residing at home) Add \$7						
Name(s) of family members:						
Astronomical League membership (optional) from July 1-June 30						\$7.50
Total Amount:						
Discounted magazine subscriptions and Astronomical League membership are available. Contact the Treasurer for more information.						
There are three ways to pay membership fees:						
 Print, complete, and submit this form at a meeting when paying for your membership, or Complete and email this form to the Treasurer at treasurer.org & pay via PayPal to the Treasurer, or 						
 Print, complete and mail form with your check to: Warren Astronomical Society, Attn: Treasurer, PO Box 1505, Warren, Michigan 48090-1505. 						
Questions? Send email to treasurer@warrenastro.org.						
Optional Information: Check all that apply.						
Experien	ce: Beginner	Intermediat	te A	dvanced		Professional
Interes	sts: Deep sky	Variable sta	ırs L	unar & Planeta	ary [Radio Astronomy
	Comets	Solar	□Р	ublic Outreach	n	Astrophotography
	Meteors	Field Trips	□A	stro Sketching	g 🖂 (Other