

CATSKILLS ASTRONOMY CLUB

P.O. Box 252
Lake Huntington, NY 12752
www.catskillsastro.org

Membership Application

Date of Application: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail: _____

Type of Membership

Valid for one year from date of processing

- | | |
|--|----------|
| <input type="checkbox"/> New Individual..... | \$30.00 |
| <input type="checkbox"/> New Family (all with same mailing address)..... | \$35.00 |
| <input type="checkbox"/> Renewal Individual..... | \$25.00 |
| <input type="checkbox"/> Renewal Family..... | \$30.00 |
| <input type="checkbox"/> Sustaining Membership..... | \$200.00 |

If family membership, name of participants: _____

If you would like to make an additional donation of money or material gifts please indicate below.

- I'd like to volunteer, please contact me
- I'd like to donate the following amount: \$10 \$25 \$50 Other Amount \$ _____
- \$I'd like to donate item(s): _____

Your participation in the Catskills Astronomy Club is greatly appreciated!

Please make checks payable to Catskills Astronomy Club and mail to the address above.