



Auburn Astronomical Society Membership Application Form

Name:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Date of Application* ____/____/____

E-mail:

Telescope(s):

Area(s) of special interest:

Enclose: \$20.00 for regular membership, payable in January. *Full-Time* student membership is half the Regular rate.

If you are a NEW member joining after the first of the year, refer to the prorated table below

Jan \$20.00	Feb \$18.33	Mar \$16.66	Apr \$14.99	May \$13.33	Jun \$11.66
Jul \$10.00	Aug \$8.33	Sep \$6.66	Oct \$4.99	Nov \$2.33	Dec \$1.66

Make checks payable to: Auburn Astronomical Society and return this application to:

Auburn Astronomical Society
c/o John Wingard, Secretary/Treasurer
#5 Wexton Court
Columbus, GA 31907

For questions about your dues or membership status, contact: jwin1048@gmail.com

Thank you for supporting the Auburn Astronomical Society!