

# MIDLANDS ASTRONOMY CLUB

## Guest & New Member Form

### **Basic Information** (Please PRINT)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_

If you're just visiting, you're done! Please return this form to a club officer.

If you would like to join the club, please fill out the information below.

### **Membership Information**

Name you prefer on your club name tag: \_\_\_\_\_

Phone number(s): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Membership Levels**

#### Please check one:

- |                                     |         |
|-------------------------------------|---------|
| <input type="checkbox"/> STUDENT    | \$10.00 |
| <input type="checkbox"/> INDIVIDUAL | \$25.00 |
| <input type="checkbox"/> FAMILY     | \$35.00 |

#### Please circle one:

- |               |
|---------------|
| Check or Cash |
| Check or Cash |
| Check or Cash |

Names of additional family members (Family Membership Only)

_____	_____
_____	_____

If you are unable to attend a regular club meeting, you may join by mailing this completed form and a check made payable to Midlands Astronomy Club, Inc. to:

Midlands Astronomy Club, Inc.  
P.O. Box 2527  
Columbia, SC 29202