MIDLANDS ASTRONOMY CLUB MEMBERSHIP FORM

Membership Date: ___/_____/_____

(Please PRINT) Name: _____
first middle last

Nickname: _____ Mailing name: _____

Name as you want it on your NAME TAG: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers:
Home: Area code: _____ Phone: _____

Work: Area code: _____ Phone: _____

Mobile: Area code: _____ Phone: _____

E-Mail address: _____

Newsletter delivery preferred: e-mail _____ US Mail: ____na____

(Circle amount and type of payment)

STUDENT MEMBERSHIP	$10.00	Check or Cash
INDIVIDUAL MEMBERSHIP	$25.00	Check or Cash
FAMILY MEMBERSHIP	$35.00	Check or Cash

Additional Family Members included: (for family memberships only)

_____ _____

_____ _____

I subscribe to:
Sky and Telescope Yes _____
Astronomy Yes _____

Come to a regular club meeting and pay your dues or mail a check made out to Midlands Astronomy Club, Inc. and this completed form to:

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