

EAS Membership Application

Please Tell Us A Little About Yourself

(Please print this form)

First Name _____ Middle _____ Last _____
Address _____ City _____ State _____ Zip _____
Phone (Home) _____ (Work) _____
Male _____ Female _____ Birthday _____ E-Mail _____
Occupation _____
Hobbies _____

If you own a Telescope, what kind is it? _____

DUES INFORMATION

(Our Year Runs From July 1 to June 30 Of The Following Year)

There are two ways you can join The Evansville Astronomical Society: through a SINGLE or FAMILY membership. Dues are collected in full payment from July 1 through the end of the calendar year, and half-payment from Jan. 1 through June 30. Please check the type of membership you want during the part of the year you are joining.

Joining From July 1 to June 30 _____ or _____
_____ Single (\$40) _____ Family (\$45) _____
Joining From Jan. 1 to June 30 _____
_____ Single (\$20.00) _____ Family (\$22.50)

Signature _____ Today's Date _____

Membership in the EAS entitles you to access to all of the club's facilities after you have completed an equipment/facilities usage orientation session, and have been certified by an EAS officer. You will regularly receive a copy of the OBSERVER, the club's monthly newsletter, and have opportunities to be a part of the many events the EAS holds throughout the year. As a member you may wish to take advantage of a special low club-rate subscription to SKY & TELESCOPE or ASTRONOMY magazine. While you are not required to subscribe, many members do, finding them very useful and informative. The Treasurer can process your subscription for you. Membership in the EAS automatically enrolls you in the Astronomical League, an organization made up of amateur astronomy clubs around the world.

Meetings are held the 3rd Friday of each month at 7:30 PM, except one month in the summer, when we hold our Annual Picnic - day and time to be announced.

You can give your membership application to the Treasurer or any Officer, or mail it to:
Evansville Astronomical Society, Treasurer, PO Box 3474, Evansville, IN 47733

Society Processing Only. Please Do Not Write In This Space.

Treasurer: Amount Received _____ Date _____ Membership Type _____
Initials _____