



P.O. Box 1505 Warren, MI 48090-1505
www.warrenastro.org

MEMBERSHIP APPLICATION

New Member Renewal

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: (____) _____ Alternate Phone: (____) _____

E-mail Address: _____

Send me monthly updates and occasional information on W.A.S. by E-mail.

Membership Dues (Jan. 1-Dec. 31 of this year)

- Regular Membership: \$30
- Sr. Citizen: (One person 60 years of age or older) \$22
- Student: (One person attending classes full-time) \$17
- Family Membership: (Immediate family residing at home) Add \$7

Total Amount: \$ _____

(Please provide a check payable to Warren Astronomical Society)

If joining for the first time after July 1, you will be enrolled for the following year as well.

Name(s) for add'l family: _____

Discounted magazine subscriptions and Astronomical League membership are available. Contact the treasurer for more information.

OPTIONAL INFORMATION:

Where did you hear of the Society? _____

Experience Level:

Beginner Intermediate Advanced Professional

Equipment:

Telescope Binoculars Photographic Other

Area(s) of interest:

Beginner	Deep Sky	Variable Stars	Lunar and Planetary
Meteor Observing	Comets/Comet Hunting	Solar	Radio Astronomy
Astrophotography	Astro Sketching	Field Trips	Public Outreach

**Send completed application with your check to:
Warren Astronomical Society, P.O. Box 1505, Warren, Michigan 48090-1505**