



# MEMBERSHIP APPLICATION FORM

Please Print All Information

Name:			
Street Address			
City / State / ZIP code			
Telephone No.(s)	Home:	Mobile:	
Email Address:			
Family Membership:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list additional names:	1.	2.	3.                      4.

**Do you wish to receive email notifications for star parties and observing sessions?**    Yes    No

## Membership Dues:

Annual Family Membership <sup>(1)</sup>.....\$20.00  
 Annual Junior/Senior Membership <sup>(2,3)</sup> .....\$10.00

Notes:

1. Dues are prorated quarterly depending on when you join. That is, if you join in January-March, full fee; April-June = 75%; July-September = 50%; October-December = 25%.
2. Junior membership is applicable to high school or college students.
3. Senior membership is applicable to members over the age of 60.

Total Payment Enclosed:..... \$ _____ . _____
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Please make your check payable to **Shoreline Amateur Astronomical Association**

*Mail check with completed form to:*

S.A.A.A.  
 1566 Red Stem Drive  
 Holland, MI 49424

*Thank-You!*

*"Serving the Holland Area Since 1989"*