



Shoreline Amateur Astronomical Association

HOLLAND, MICHIGAN
www.holland-saaa.org

MEMBERSHIP APPLICATION FORM

Please Print All Information

Date: / /

Name:			
Street Address			
City/State/ZIP code			
Telephone No.(s)	Home:	Mobile:	
Email Address:			
Family Membership:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 Single/Family Membership ⁽¹⁾ \$32.00

Annual Junior/Senior Membership ^(2,3) \$22.00

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:	\$ _____ . _____
I have paid online:	\$ _____ . _____

Please make your check payable to:
Mail check with completed form to:

Shoreline Amateur Astronomical Association

SAAA
PO Box 201
West Olive, MI 49460

"Serving the Holland Area Since 1989"