



Kalamazoo Astronomical Society



Membership Application Form

New Membership

Membership Renewal

Date: _____

I have checked the class of membership desired and enclosed a check or money order made payable to the Kalamazoo Astronomical Society for:

Regular Membership: \$20.00 (1 year) / \$35.00 (2 years) _____

Family Membership: \$25.00 (1 year) / \$45.00 (2 years) _____

Senior Family (65 & over): \$20.00 (1 year) / \$35.00 (2 years) _____

Students / Senior (65 & over): \$15.00 (1 year) / \$25.00 (2 years) _____

Sky & Telescope subscription \$32.95* (1 year only) _____

*(*First time subscribers only. Please fill out a separate check made payable to Sky Publishing.)*

Robotic Telescope Project: _____

(Contributions are tax-deductible.)

TOTAL: _____

*Please fill out the information below as completely as possible. Private information **will not** be shared with anyone but authorized KAS members.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail*: _____

* Please supply an e-mail address since our newsletter is now sent out as an electronic PDF. The FREE Adobe Acrobat Reader is required to view PDF files. It can be downloaded from the Acrobat Reader [website](#).

Are you interested in attending the five part *Introduction to Amateur Astronomy* lecture series? Yes No

If yes, which day and time are best for you? _____

How did you find out about the KAS? TV Radio Newspaper

Internet School KAS Member Who? _____

Kalamazoo Nature Center Other _____

Mail To...

**Kalamazoo Astronomical Society
c/o KAMSC
600 West Vine, Suite 400
Kalamazoo, MI 49008**