



BLACK RIVER ASTRONOMICAL SOCIETY MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Do you want your telephone number published on our membership list? _____

Do you want your email address published on our membership list? _____

Do you own a telescope? _____ YES _____ NO

What type, size, make? _____

Do you own binoculars? _____ YES _____ NO

What are your astronomical areas of interest? _____

What is your current occupation? _____

Who referred you to the B.R.A.S? _____

Class of membership desired: _____ ACTIVE **\$25.00 / year**

_____ JUNIOR (under 18 or full time student) **\$7.00/year**

_____ RETIRED (over 65) **\$7.00/year**

_____ ASSOCIATE (spouse of current member) **\$7.00/year**

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FOR BOARD USE ONLY

DATE/INITIALS: _____ BOARD APPROVED: _____

CLASS: _____ DUES PAID: _____