Astronomy Club of Asheville

Asheville, NC

Membership Form (P.	lease print clearly)	New Member _	Renewing Member
Name:			
(Mailing Address) Street:			
City:	State:	Zip:	
Telephone:			
E-mail address (please print	clearly):		
Do not share my nam	e, phone number, e-mai	l, and street addre	ss with other club members.
Are you a full-time student	under age 25? Yes	_ No	
Applicant's Signature:			Date:
If applicant is less than 18 ye	ears old, parent/guardian'	's signature:	
Supporting: \$100;Su * indicates "lifetime" me	embership category ear. Initial (new) member	ileo: \$1,000*;V	age 25: \$15;Household: \$30; Visionary: \$5,000*
If paying by check, make p	payable to the "Astronom	my Club of Ashev	ille".
Return this form with dues a	t the monthly club meeting	ng or mail to:	
Astronomy Club of Ashevil Attn: Tom Engwall 35 Pinebrook Club Drive Asheville, NC 28804	lle		

Astronomy Club of Asheville Google Group:

For the latest info and announcements about club activities, please consider subscribing as a member of our club Google group. You can join this group at the website link below:

https://www.astroasheville.org/wp-content/uploads/2019/11/Google-Groups-Sign-In-Instructions-1.pdf