



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) _____

Remote Telescope Fee (1 year) \$50.00 (standard) / \$25.00 (students) _____

Additional Contribution: _____
(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: _____ email*: _____

*** Please supply an email address since our newsletter is sent out as an electronic PDF.**

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**