

Decatur Area Astronomy Club Membership Application Form

For A Limited Time Only: Free Membership in 2007

Membership is open to anyone interested in learning more about astronomy. Individual memberships are \$20.00 per year. A family membership is \$30.00 per year and includes all members of your immediate family.

In addition you will receive an e-mail subscription to *Through The Eyepiece*, the club's newsletter, and access to the club's telescope(s). Also, if enough members are interested, discount subscriptions are available to *Sky and Telescope* and *Astronomy* magazines.

Payment by check is preferred.

This is a New Membership _____ This is a Renewal _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

E-Mail Address _____

Where did you hear of our club? _____

Do you own a telescope? Yes ___ No ___

If so, what kind (reflector, refractor, SCT, Etc.)? _____

If not, are you considering one? Yes ___ No ___

Do you own binoculars? Yes ___ No ___ If so, what size? _____

How long have you been interested in astronomy? _____

I hereby submit my application for:

Membership fees are waived for all applicants in 2007

____ Individual membership(s) @ \$20.00/year (Open to all persons age 18 and above)

____ Family membership(s) @ \$30.00/year (Open to all persons in immediate family)

I enclose a check for a total of \$ _____ made out to "The Decatur Area Astronomy Club."

Signature _____ Date _____

Mail to:

**David Berns
Decatur Area Astronomy Club
39 Whippoorwill Dr.
Decatur, IL 62524-3512**