

# *Chesmont Astronomical Society*

## *Membership Application*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address (*\*Optional Information*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # (Home)

\_\_\_\_\_

Phone # (Work)\*

\_\_\_\_\_

Cell Phone #

\_\_\_\_\_

Email:

\_\_\_\_\_

Alternate Email:

\_\_\_\_\_

**If this is a Family Membership, who are the other family members?**

Name(s)	Age (if under 18)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

***Information below to be verified by Sponsor***

Sponsor: \_\_\_\_\_

**PRORATED DUES** (*Circle amount to indicate Membership Type*)

Membership Type	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.
Individual Adult	<b>\$32.00</b>	29.30	26.70	24.00	21.30	18.70	16.00	13.30	10.70	8.00	5.30
Family	<b>\$48.00</b>	44.00	40.00	36.00	32.00	28.00	24.00	20.00	16.00	12.00	8.00
Student (above age 18)	<b>\$16.00</b>	14.70	13.30	12.00	10.70	9.30	8.00	6.70	5.30	4.00	2.70
Junior (under age 18)	<b>\$10.00</b>	9.20	8.30	7.50	6.70	5.80	5.00	4.20	3.30	2.50	1.70

Note: Anyone applying for membership in December will be considered for the next year.

**Form of payment** (*circle one*):    Cash: \$ \_\_\_\_\_    Check: \$ \_\_\_\_\_    CK# \_\_\_\_\_

Checks should be made payable to *Chesmont Astronomical Society*.