



Amateur Astronomers, Inc.

P.O. Box 111
Garwood, NJ 07027-0111

MEMBERSHIP APPLICATION (Please Print)

For office use

Date R'cd _____
Amt R'cd _____
Date Voted _____
Date Sent _____

Check Type of Application: **New** _____ **Renewal** _____

You may **Join** or **Renew** for one, two, or three years (check one and select appropriate dues amount)

| Type of Membership | Dues | | | | Astronomy Magazine Subscription | TOTAL REMITTED |
|------------------------|----------|-----------|-------------|---|---------------------------------|----------------|
| | One Year | Two Years | Three Years | | | |
| _____ Regular | 21.00 | 40.00 | 60.00 | + | | |
| Check _____ Sustaining | 31.00 | 60.00 | 90.00 | + | 34.00 | \$ _____ |
| Only _____ Sponsor | 46.00 | 90.00 | 130.00 | + | | |
| One _____ Family | 5.00 | 10.00 | 15.00 | + | | |

(One family member must be at a Regular, Sustaining, or Sponsor member) (Complete a separate form for each family member)

Please submit this form with your renewal payment by mail or hand it **ONLY** to the Membership Chair at any AAI meeting.

Circle One

Mr. **Name:** _____
Last First MI **Home Phone:** (____) ____ - _____

Mrs. **Address:** _____ **Other Phone:** (____) ____ - _____

Ms **City:** _____ **State:** _____ **Zip:** _____ **Date of Birth:** ___ / ___ / ___

Dr. **Email:** _____ **Occupation:** _____

Tell us something about yourself (hobbies, other club memberships, telescopes, etc.) _____

How did you hear about us? _____

Please check club activities in which you would like to be involved:

| | | |
|---|--|--|
| <input type="checkbox"/> Research | <input type="checkbox"/> Education | <input type="checkbox"/> Club Administration |
| <input type="checkbox"/> Astrophotography | <input type="checkbox"/> Qualified Observer's Course | <input type="checkbox"/> Club Newsletter |
| <input type="checkbox"/> Eclipse Chasing | <input type="checkbox"/> Telescope Making | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Photometrics | <input type="checkbox"/> Lecture Presentation | <input type="checkbox"/> Library |
| <input type="checkbox"/> Solar Observing | <input type="checkbox"/> Seminar Group | <input type="checkbox"/> Other _____ |

Use the reverse side for additional information and comments, and check here _____

Signature: _____ **Date of Application:** _____

All information is submitted confidentially for the use of, and in the interest of AAI only.

Your new member application will be presented at the next Executive Committee meeting. Your membership will become active that month. You will receive confirmation in the mail as well as an invitation to attend that month's General Membership Meeting so you can be welcomed by the membership. Here's to Clear Skies!!!

Thank you, and welcome to AAI