



San Antonio Astronomical Association

P.O. Box 701261, San Antonio, Texas 78270-1261, <http://sanantoniobastronomy.org>

Membership Application PLEASE PRINT CLEARLY. Provide all information that

applies to your membership application. I/We wish to join the San Antonio Astronomical Association:

Name _____

Address _____

City State: Zip: _____

Phone Number: (H) _____ (W) _____ (M) _____

email Address(s): _____

Additional names for _____

Family Membership: _____

The information on this form will be published in the SAAA Member Directory. Member Directories are for Association use only and will not be released to third parties. Do not publish my telephone number(s): [] Do not publish my address: []

Please sign me up for the following:

	Payment Due	Amt. Enclosed
Annual Individual SAAA Membership	\$40.00	\$ _____
Annual Student SAAA Membership	\$30.00	\$ _____
Sustaining SAAA Membership	\$100.00	\$ _____
Lifetime Individual SAAA Membership	\$450.00	\$ _____
Annual Family Membership (up to 4 family members)	\$70.00	\$ _____
Additional Family Member (under 18)	\$5.00 x _____	\$ _____
Additional Family Member (18 and older)	\$10.00 x _____	\$ _____
Membership Total	(Amount Enclosed)	\$ _____

Signature: _____ Date: _____

Payment of membership dues shall be interpreted as consent to abide by the Articles of the Constitution and By-Laws of the Association.

Please enclose a check or money order made out to SAAA and return with this application and any applicable subscription forms to: San Antonio Astronomical Association Post Office Box 701261 San Antonio, Texas 78270-1261

* Student memberships are available to any person currently enrolled in a public, private, home school, community college, or university