

Keene Amateur Astronomers

Membership Application

Name 1: _____
(Please Print)

Name 2: _____

Home Phone w/area code: (_____) _____

Cell Phone w/area code: (_____) _____

Work Phone w/area code: (_____) _____

Email Address: _____

Mailing Address:

Street: _____ P. O. Box: _____

City/Town: _____ State: _____ Zip: _____

Please indicate if you would like your phone number made available to other members. Our intent is to get members more active in groups at the Observatory on non-scheduled club observing nights, so everyone can take full advantage of the facility. Yes: ____ No: ____

Dues are \$20 per year for both single and family membership. To be a member of the Astronomical League is an additional \$7.50 per year. Please make your check payable to: "Keene Amateur Astronomers, Inc."

This form and your dues check should be sent to:

Robert Taylor
P. O. Box 467
West Dummerston, VT 05357
Phone/Fax: (802) 257-9358