

## **San Antonio Astronomical Association**

## Membership Application

*Name:  *Address:  *City:  *Zip Code:  Phone:  *Email:  Required for Newsletter and website and Yahoo Group at the standard stand	
*Address:  *City:  *Zip Code:  Phone:  *Email:  Required for Newsletter and website and Yahoo Group a  List additional Family Members here:  Do not publish my contact information  All memberships are for one year, except Lifetime Membership. Individual Members will receive to	□ Sustaining (Individual + \$30+) □ Lifetime (\$400) □ Family up to 4 family members) (\$45) Additional Family, under 18 (\$5) Additional Family, 18+ (\$10)
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All memberships are for one year, except Lifetime Membership. Individual Members will receive	the monthly reveletter have veting privileges one held office and
	the monthly reveletter have voting privileges can held office and
have access to our observing site. Student Members have all the benefits and rights of an individu home school, community college, or university. Family Memberships cover up to four people livin members may be added for other household members and carries the same benefits and rights as their lifetime and they have all the benefits and rights of an individual member. Membership fees	ng at the same address for the same price, additional family the individual membership. <b>Lifetime Members</b> are members for
Would you like to make a tax deductible donation to SAAA? $\qquad \Box$	Check here if you wish areceipt mailed to you.
Total Membership Fee (Membership + Additional Family Members + D	onation)
\$ Make checks payable to "San Anto	onio Astronomical Association"
In applying for membership in the San Antonio Astronomical Association, I By-Laws. I also agree to abide by all rules and laws, Association and civil, whil sanctioned or sponsored events.	•
Signature:	Date:

Mail application and check to: San Antonio Astronomical Association

Post Office Box 701261 San Antonio, Texas 78270-1261

P.O. Box 701261, San Antonio, Texas 78270-1261, http:sanantonioastronomy.org