Grand Rapids Amateur Astronomical Association
Membership Application Form

Date:_____

Please fill out form <u>completely</u>. Please print clearly.

<u>Please Print</u>

Name:_____ Birthdate _____
Name:_____ Birthdate _____
Name:_____ Birthdate _____
Name:_____ Birthdate _____
Name:_____ Birthdate _____
Name:_____ Birthdate _____

Address:_____

City:_____ **State:**_____ **Zip:**_____– _____

Home Phone: _____ ☐**Cell Phone:** _____ ☐
If you have both Home and Cell phones, please indicate which one you would prefer as a contact number

E-Mail:_____
Please list additional members email addresses on back of form or send us an email to the website at the bottom of this page.

Type of Membership Renewing: *(Check type and include applicable dues)*

☐ **ADULT** (18 or older, a Minimum of **$40.00**).....$_____

☐ **STUDENT** (8 to 17 years old, a Minimum of **$25.00**) .....$_____

☐ **FAMILY** (a Minimum of **$50.00**).....$_____
(*NOTE*: *Contributions greater than the minimum dues amount may be considered a donation, and are tax-deductible.)*

☐ **OBSERVATORY ENDOWMENT FUND:** .....$_____

☐ **MISCELLANEOUS DONATIONS:** .....$_____
(Contributions to these funds are tax-deductible.) The GRAAA is a 501(c)(3) non-profit corporation

Total Amount of Membership Dues (from all categories): **$**_____

Please Make Check or Money Order Payable to:
Grand Rapids Amateur Astronomical Association or **GRAAA**

Mail to:
GRAAA TREASURER
C/O JERRY PERSHA
199 SMITH ST
LOWELL, MI 49331

Space for additional e-mail addresses (Use of your email address is for sending you monthly newsletters, upcoming or late changes to programs and club activities.)

Member name	E-mail