

Stockton Astronomical Society
Membership Application

Dues for membership (or renewal) apply to the calendar year 2016.

Print out this page, complete, and mail with your check to:

Stockton Astronomical Society
P.O. Box 243
Stockton, CA 95201

Or better yet, bring your application and check to any SAS meeting.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____*

(* Valley Skies newsletter will be delivered by E-mail in pdf format.)

Check to opt out: _____ I am not able to receive E-mail. Please deliver Valley Skies newsletter by mail.

Home Phone: (_____)_____

Business Phone: (_____)_____

Cell Phone: (_____)_____

I would like the following membership (check one):

_____ General/Family Membership (\$20.00) (Covers all members of immediate family)

_____ Student Membership (\$10.00) (Full-time student, no age restrictions)

Check enclosed for \$ _____

Signature _____ Date _____

_____ I am willing to help with public outreach activities such as Sky Tours or school star parties.

_____ I will help any way I can with Society activities.

_____ I would be willing to serve as an appointed or elected officer of the club.