

WEST VALLEY ASTRONOMY CLUB

MEMBERSHIP APPLICATION

Name _____

Spouse _____ **Phone** _____

Street _____

City _____ **AZ** **Zip** _____

Email _____

Do you own a telescope?

Yes _____ **No** _____ **Considering purchase** _____

Make _____ **Model** _____ **Aperture** _____

Mail To: West Valley Astronomy Club

C/O Janie Randle

13738 W. Summerstar Dr.

SCW 85375, Az

With dues of \$20.00 payable to West Valley Astronomy Club