WEST VALLEY ASTRONOMY CLUB
MEMBERSHIP APPLICATION

Annual dues (based on calendar year: Jan-Dec) are $20.00 per family

Name _____

Spouse/SO _____

Children (include age)_____

Phone _____ **Alt. phone**_____

Street _____

City _____ **State**_____ **Zip** _____

Email _____

- **How did you hear about WVAC**_____
- **Do you own a telescope?** ☐ **Yes** ☐ **No**

Make _____ **Model** _____ **Aperture** _____
Considering purchase ☐ **Yes** ☐ **No** **Need Advice** ☐ **Yes** ☐ **No**

- **Do you want to be added to WVAC Star Party email list** ☐ **Yes** ☐ **No**
- **Are you interested in volunteering for community outreach (schools, scouts, public star parties, etc.)** ☐ **Yes** ☐ **No**
- **Special interests in the field of Astronomy**_____

_____

Make check payable to <u>WVAC</u> and mail to:

West Valley Astronomy Club
13738 W. Summerstar Dr.
Sun City West, AZ 85375

For office use only:
Dues Paid: _____/ ____ _____/ ____ _____/ ____ _____/ ____ _____/ ____ _____/ ____ _____/ ____
year treas year treas year treas year treas year treas year treas year treas

☐ name badge made ☐ issued ☐ added to roster ☐ added to star party email list

(wvac-applicationform)