

Milwaukee Astronomical Society Gift Membership Application Form



Please return this form with your payment (no cash please). The MAS board will approve the application at the next meeting. Once a member, we would like to invite your gift recipient to attend monthly meetings, special events, public observing nights, and our online community, the MAS Google Group. You can also fill out an application and pay online at: www.milwaukeeastro.org/apply

Your Name: _____

Your Address: _____

Your City, State Zip: _____

Your Phone: _____ What Date will you present the gift? _____

Your E-mail Address: _____

Recipient Name: _____

Recipient Address: _____

Recipient City, State Zip: _____

Recipient Phone: _____

Recipient E-mail Address: _____

Add recipient email to the MAS Google Group: YES _____ NO _____ (This can be changed at any time)

What is the recipients occupation / interest in astronomy? _____

Membership (select one of the following)

_____ \$46 - Individual

_____ \$52 - Family

_____ \$23 - Student

\$_____ Total due. Make checks payable to The Milwaukee Astronomical Society.

Please complete and mail form with payment to:

Susan Timlin
4365 South Church Drive
New Berlin, WI 53151