

Milwaukee Astronomical Society Membership Application Form



Please return this form with your payment (no cash please). The MAS board will approve your application at the next meeting. Once a member, we would like to invite you 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

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

E-mail Address: _____

Add my email to the MAS Google Group: YES _____ NO _____

Why are you interested in joining the MAS? What would you like to learn about? _____

What is your occupation? _____

Membership (select one of the following)

- ____ \$46.00 - Individual
- ____ \$52.00 - Family
- ____ \$23.00 - Youth (20 years or younger)

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

Please complete and mail form with payment to:

**John Koors
5022 Citation Dr
Racine, WI 53402**