

# *ChesMont Astronomical Society*

## *Membership Application*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address (\*Optional Information):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # (Home) \_\_\_\_\_

Phone # (Work)\* \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

### **If this is a Family Membership, who are the other family members?**

Name(s) \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

### ***Information below to be verified by Sponsor***

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Sponsor: \_\_\_\_\_

### **PRORATED DUES (Circle amount to indicate Membership Type)**

Membership Type	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.
Individual Adult	\$32.00	29.30	26.70	24.00	21.30	18.70	16.00	13.30	10.70	8.00	5.30
Family	\$48.00	44.00	40.00	36.00	32.00	28.00	24.00	20.00	16.00	12.00	8.00
Student (above age 18)	\$16.00	14.70	13.30	12.00	10.70	9.30	8.00	6.70	5.30	4.00	2.70
Junior (under age 18)	\$10.00	9.20	8.30	7.50	6.70	5.80	5.00	4.20	3.30	2.50	1.70

Note: Anyone applying for membership in December will be considered for the next year.

**Form of payment (circle one):** Cash: \$ \_\_\_\_\_ Check: \$ \_\_\_\_\_ CK# \_\_\_\_\_  
Checks should be made payable to *Chesmont Astronomical Society*.