

FRIENDS OF ARLINGTON'S DAVID M. BROWN PLANETARIUM

Application for Membership

Name:		
Address:		
E-mail:	Phone:	
Category of Membership (please check one):	
Individual (\$15) _	Family (\$25)	Sponsor (\$50)
October I to September 3 any time during the year, a	% tax deductible. The 80 of the following year and expire on the next	membership period runs from r. Memberships can begin at
Individual Membership incl	udes:	
meetingSubscription to FriendReduced admission for the subscription of the subsc	nds' e-newsletter	g and right to vote at the cation of Friends-sponsored
events ■ Invitation to Membe	ers-Only events in the l	Planetarium
Family Membership include Invitation for entire		nly events in the Planetarium
Sponsor Membership inclu ■ Provides for a higher		
Signature:		Date:
Please mail this form with a check to:		

Friends of Arlington's David M. Brown Planetarium P.O. Box 7029 Arlington, VA 22207