Fill out all information below. Remember to include your check payable to YCAS. Your membership is pro-rated your first year, based on the month you join. Please print the form, fill it out (please print clearly) and mail it to:

York County Astronomical Society 400 Mundis Race Road York, PA 17406

For family memberships, please list all immediate family members' names who will be active in the society in the appropriate section. Family memberships are for family members who reside in the same household.

Name:			
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Best time to call:	☐ Daytime	☐ Evening	
Primary Email Address:	-		
Providing an email addres	s will help to stay	v in contact with	h you, send you the
members password for the	e website and inv	ite you to the Yo	thoo Group. We will not
share your email with any	one outside the c	lub.	
Family Members Names:			
Please check the approprie	ate box for month	of membershi	o sign-up and remit check in
the amount shown behind	_	-	- -
Individual Membership	_ Family Me	-	Student Membership
☐ January – March \$20	☐ January – M		☐ January – March \$10
☐ April – June \$15	☐ April – June		☐ April – June \$7.50
☐ July – September \$10	☐ July – Septe		☐ July – September \$5
☐ October - December \$5	□ October – D	ecember \$7.50	□ October - December \$2.50
			Student Members have limited
☐ Sky & Telescope			benefits (no voting privileges, no Astronomy League Membership)
_			Asa onomy League member ship)
Magazine Subscription			See the website for more details.