MIDLANDS ASTRONOMY CLUB

Guest & New Member Form

Basic Information (Please PRINT)

Date: _____/_____/_____

Name: _____

First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

E-Mail address: _____

If you're just visiting, you're done! Please return this form to a club officer.

If you would like to join the club, please fill out the information below.

Membership Information

Name you prefer on your club name tag: _____

Phone number(s): (_____) _____-_____

Membership Levels

Please check one:			**Please circle one:**
☐	STUDENT	$10.00	Check or Cash
☐	INDIVIDUAL	$25.00	Check or Cash
☐	FAMILY	$35.00	Check or Cash

Names of additional family members (Family Membership Only)

_____ _____

_____ _____

If you are unable to attend a regular club meeting, you may join by mailing this completed form and a check made payable to Midlands Astronomy Club, Inc. to:

Midlands Astronomy Club, Inc.
P.O. Box 2527
Columbia, SC 29202