

# Keene Amateur Astronomers

## Membership Application

Name 1: \_\_\_\_\_  
(Please Print)

Name 2: \_\_\_\_\_

Home Phone w/area code: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone w/area code: (\_\_\_\_\_) \_\_\_\_\_

Work Phone w/area code: (\_\_\_\_\_) \_\_\_\_\_

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

Mailing Address:

Street: \_\_\_\_\_ P. O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate if you would like your phone number made available to other members. Our intent is to get members more active in groups at the Observatory on non-scheduled club observing nights, so everyone can take full advantage of the facility. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please indicate how you would prefer your meeting and observing reminder notice:

U.S Mail: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Dues are \$20 per year for both single and family membership. To be a member of the Astronomical League is an additional \$7.50 per year. Please make your check payable to: "Keene Amateur Astronomers, Inc."

This form and your dues check should be sent to:

Robert Taylor  
P. O. Box 467  
West Dummerston, VT 05357  
Phone/Fax: (802) 257-9358