



Astronomy Association of Arizona

Application Form

Applicant Information - Required

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Membership Applied For: **(Check appropriate membership applied for below)** _____

Subscriber (nonmember): () No Fee

Regular Member: () Individual Membership \$20 () Family \$30 () Students, Seniors, Military, Educators () \$15

Contributing Member: () \$250 or () Contribution of \$ _____ Family Member's Names: _____

Additional Information - Optional

Level of Experience: **New – Just Starting** ()
Experienced Hobbyist ()
Serious Astronomer () **Research Scientist** ()

Level of Interest -Optional

List areas of interest (Astrophotography, telescope building, CubeSats, etc.) _____

List Astronomical Equipment (Telescopes, AP Cameras, etc.): _____

This information will be held confidential to the Astronomy Association of Arizona and will not be disclosed to a third party unless you provide us with permission to do so. We are working on accepting applications online with payment by credit card or Pay Pal. Until then, submit this application with a check in the amount of the membership. If you chose to apply by mail, print this application and submit it to the Astronomy Association of Arizona, 3772 N. Denny Way, Buckeye, AZ 85396 with a check made out to the Astronomy Association of Arizona. Thank you for your interest in joining our organization. Please call with any questions or text to 623-866-9596. You may also contact us by email at info@AstronomyAssociationArizona.org. Thank you for your interest!

Applicant Name: _____ Signature: _____