



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. Please click on this link when ready to submit your application online. If you chose to apply by mail, print this application and submit it to the "Astronomy Association of Arizona – 485 Watson Road, Suite 103-247 - Buckeye, AZ 85396" with a check. Please call with any questions: 623-866-9596

Thank you for your interest in joining our organization.

Applicant Name: _____ Signature: _____