

NEW MEMBER APPLICATION

LEHIGH VALLEY AMATEUR ASTRONOMICAL SOCIETY



MAIL COMPLETED APPLICATION TO:

**LVAAS MEMBERSHIP
c/o Scott Fowler
97 Yeager Road
Lenhartsville, PA 19534**

Name: _____ Are you age 18 or older? Yes ___ No ___

Address: _____ City: _____ State: ___ Zip: _____

Email Address: _____ Phone Number: _____

Occupation (Optional): _____

Specific Astronomical Interests: _____

Other Astronomical Societies: _____

Where did you first hear about LVAAS?: _____

Please list any astronomical instruments owned: _____

Experience in Astronomy (circle one): **Novice** **Amateur** **Advanced Amateur** **Professional**

Type of Membership (circle one): **Regular/Associate** **Junior** **Sustaining** **Life**

Are you a part of a Family Membership?: Yes: ___ No: ___
(Note: Each family member must have a completed application regardless of age)

Do you want your **phone number** available to other members in the members-only password-protected area of our website?
YES: ___ NO: ___

Do you want your **email address** available to other members in the members-only password-protected area of our website?
YES: ___ NO: ___

User Name (for LVAAS Website Login): _____

To protect your privacy, LVAAS does not share personal member information with any 3rd party without the express consent of the member.

Applicant's Signature: _____ **Date:** _____

(Signature of Parent or Guardian required for Junior Members)

Bring this completed application as well as dues + \$10 application fee to any General Meeting or mail to the address listed above with your check or money order made payable to "LVAAS".

Committee Use Only:

Dues: \$ _____ Application Fee \$: _____ Total \$ _____ Check #: _____ Received ___/___/___ Keys: Yes ___ No ___

1st Reading Date: ___/___/___ 2nd Reading Date: ___/___/___ Card Issued Date: ___/___/___ To Treasurer: ___/___/___