

# Lehigh Valley Amateur Astronomical Society

## New Member Application



Mail your completed application(s), with your dues, plus the \$10 application fee to:

LVAAS MEMBERSHIP  
c/o Gwyn 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): \_\_\_\_\_ Where did you first hear about LVAAS? \_\_\_\_\_

Specific Astronomical Interests: \_\_\_\_\_

Are you a member of other Astronomical Societies? \_\_\_\_\_

Please list any astronomical instruments owned: \_\_\_\_\_

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

Type of Membership (circle one): **Individual: \$45** **Family: \$65** **Junior: \$15** **Sustaining: \$90** **Life: \$675**

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 you want for LVAAS Website Login: \_\_\_\_\_

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

**Donations are greatly appreciated!**

Would you like to give an additional donation? If so, please list the amount. If you want it to be designated please specify (e.g. roof, Prod, 40" telescope, planetarium). **Donation:** \_\_\_\_\_

### Committee Use Only:

Dues: \_\_\_\_\_ Application Fee: \_\_\_\_\_ Donation: \_\_\_\_\_ Total: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1<sup>st</sup> Reading: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> Reading: \_\_\_\_/\_\_\_\_/\_\_\_\_ Card Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ To Treasurer: \_\_\_\_/\_\_\_\_/\_\_\_\_