



## MAS Membership Form

*Print this form, complete it, and mail with your check enclosed to the address below.*

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

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

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

Phone: \_\_\_\_\_

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

(please supply an email address if you have one)

*Please circle membership type:*

Student (\$5.00)

Regular (\$30.00) \*

Student Observing (\$45.00)

Regular Observing (\$70.00) \*

(\* covers a family at a single address)

*Enclose check and make payable to the Madison Astronomical Society and mail to:*

Madison Astronomical Society

PO Box 5585

Madison, WI 53705