The Brevard Astronomical Society  
Club Membership Application  
www.brevardastro.org

Membership Form  (Please print clearly)

Name: _______________________________________________________________________________________

Mailing Address: Street_________________________________________________________________________

City _____________________________ State ___________________ Zip _________________

Telephone: _______________________________

E-mail address:________________________________________

Applicant’s Signature: ______________________________________________  Date: __________________

If applicant is less than 18 years old, parent or guardian’s signature: ________________________________

Membership Dues (circle one):

Regular Annual $25.00 per year, due in January

New Members (prorated dues schedule)

<table>
<thead>
<tr>
<th>Month</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>January through March</td>
<td>$25.00</td>
</tr>
<tr>
<td>April through June</td>
<td>$20.00</td>
</tr>
<tr>
<td>July through September</td>
<td>$15.00</td>
</tr>
<tr>
<td>October through December</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Student $15.00

Life $500.00 (must be lumped sum)

Return form with dues to the club treasurer or mail to:

Brevard Astronomical Society  
P.O. Box 410092  
Melbourne FL 32941

If paying by check, make payable to BAS.