



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 Family Membership \$25.00 per year.

Life \$500.00 (must be a lump sum in one payment)

Note: membership renewal due in January of each year. New memberships after October 1 automatically continue through the following calendar year.

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.