MEMBERSHIP APPLICATION FORM

PETERBOROUGH ASTRONOMICAL ASSOCIATION

Date: _____

☐ Single Member ($30.) ☐ Student Member ($15.)

☐ Family Membership ($45.) ☐ Life Member ($500.)

☐ **New** ☐ **Renewal** Calendar year: ☐ 2012

☐ _____

Name: _____

Address: _____

_____

Postal Code: _____

Telephone: _____

Email: _____

Family Members: _____

_____

_____

Date joined PAA : Month: _____ Day: ____ Year: _____

Make cheque payable to: "Peterborough Astronomical Association"

Mail To: PAA Membership,
c/o Margaret Scorthorne-Brons
Membership Director
55 Valleyview Dr.
Millbrook, ON