

# MEMBERSHIP APPLICATION FORM



Date: \_\_\_\_\_

- Single Member (\$30.)       Student Member (\$15.)  
 Family Membership (\$45.)       Life Member (\$500.)  
 **New**       **Renewal**      Calendar year:     2018     \_\_\_\_\_

Sponsor Membership (\$100.)    Sponsorship Date: _____
Sponsor Name: _____
Contact Name: _____      Phone: _____
Website Address: _____
Email Address: _____

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

Address: \_\_\_\_\_  
\_\_\_\_\_      Postal Code: \_\_\_\_\_

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

Family Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date joined PAA : Month : \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Make cheque payable to: "Peterborough Astronomical Association"

Mail To:    [PAA Membership](#)  
          c/o Dixie Schilling  
          Membership Director  
          3 Normans Lane  
          Curve Lake, ON    K0L 1R0