

MEMBERSHIP APPLICATION FORM



Date: _____

- Single Member (\$30.) Student Member (\$15.)
 Family Membership (\$45.) Life Member (\$500.)
 New **Renewal** Calendar year: 2019 _____

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 Harold Briggs
 Treasurer
 1209 Weller Street
 Peterborough, ON K9J 7M9