

MEMBERSHIP
APPLICATION
FORM



Date: _____

- Single Member (\$30.) Student Member (\$15.)
 Family Membership (\$45.) Life Member (\$500.)
 New **Renewal** Calendar year: 2020 _____

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: _____

Print form and mail to address below with cheque payable to: "PAA"; or,

Save the completed form on your computer and email it as an attachment to PAA Membership and, E-transfer the amount owing to email address paatreasurer@peterboroughastronomy.com by on-line banking. You will be registered, receive an emailed receipt and the money deposited in the PAA bank account by the treasurer.

Mail To: PAA Membership
 c/o Jim Glover
 321 College Street
 Cobourg, ON K9A 3V3