

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 David Mills
526 Murray St.
Peterborough, ON
K9H 2T9