

# 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:	_____
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](mailto: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