

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 "Jim Glover" at 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 Jim Glover  
                         PAA Treasurer  
                         321 College Street  
                         Cobourg, ON K9A 3V3