



The Brevard Astronomical Society Club Membership Application

www.brevardastro.org

Membership Form (Please print clearly)

Name: _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Telephone: _____

E-mail address: _____

Applicant's Signature: _____ Date: _____

If applicant is less than 18 years old, parent or guardian's signature: _____

Membership Dues (circle one):

Regular Annual \$25.00 per year, due in January

New Members (prorated dues schedule)

January through March	\$25.00
April through June	\$20.00
July through September	\$15.00
October through December	\$10.00

Student \$15.00

Life \$500.00 (must be lumped sum)

Return form with dues to the club treasurer or mail to:

Brevard Astronomical Society
P.O. Box 410092
Melbourne FL 32941

If paying by check, make payable to BAS.