## AASI

## Astronomical Association of Southern Illinois

Date	ership Application (Pl	ease Print)
Name		
Address		
City	State	Zip
Telephone		
E-Mail		
Signature		
Other Information (Optional)		
Do you own a telescope ?	What type telescope ?	
What is your interest in Astronomy?		
MEM	BERSHIP INFORM	ATION
Period of Membership: July 1 to Jun Dues: Family = \$35.00 Individual Junior membership age 16 and under is	= \$25.00	
<b>If Joining: January 1 to June 30</b> Dues: Family= \$17.50 Individual Junior membership age 16 and under is		
Benefits: Being able to meet with other place. Astronomy and Sky & Telescop Frequent Star Parties. Programs on Ast great links and information. Group pur Bring application to a meeting or mail AASI P. O. Box 874 Carbondale, IL 62903	be magazine subscription d tronomy that interest Ama rchasing power on publica	liscounts. Dark site viewing locations ateur Astronomers. Club Web Site wi
<b>Association Processing Only. Please</b>	Do Not Write In This Sp	pace.
Treasurer: Amount Received D	Date Membership Ty	peInitials