

Society for Astronomical Sciences Membership Application

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Email: _____

*(please make sure this email will accept messages from the **SocAstroSci.org** domain)*

Phone: _____ (for account queries only)

Number of memberships: _____ (\$25 ea., July 1 – June 30)

Total: \$ _____

Additional Names (if number of memberships more than 1)

Make checks payable to: Society for Astronomical Sciences

Mail to:
Society for Astronomical Sciences
9302 Pittsburgh Ave, Suite 200
Rancho Cucamonga, CA 91730
Email: program@SocAstroSci.org

