



# Sangamon Astronomical Society

## Membership Application Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Own a Telescope or Binoculars: Yes \_\_\_\_ No \_\_\_\_

Annual dues are \$45.00 to be mailed to the following address. Prorated dues are determined as follows:  $\$45.00 \times \# \text{ months remaining in year} / 12 = \text{prorated dues amount}$ .

**Make check payable to:**  
Sangamon Astronomical Society

and

**Mail To:**  
Sangamon Astronomical Society  
Post Office Box 9461  
Springfield, IL 62791-9461