



Miami Valley Astronomical Society

NEW MEMBERSHIP APPLICATION

(Please print clearly)

Date: _____

Name(s): _____

Adult: _____

Adult: _____

(For Family memberships, if applicable)

Children/Age: _____

(For Family memberships, if applicable)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about the MVAS? _____

MVAS uses online tools offered through the Night Sky Network (courtesy of NASA) to more effectively communicate information about club events. You are able to control your online privacy and communications. By default, e-mail addresses are hidden, private, and secure unless you change your NSN online profile settings.

Check here if you do not wish to be included as a member of our club on the Night Sky Network.

All current memberships with the MVAS are one (1) year long and **renewed in March**.

For new memberships, MVAS prorates the annual membership dues, depending upon the month you join, to ensure all new memberships renew in March. The dues are prorated every three months with the first prorated month being June.

Directions: To determine your dues, follow the steps below and refer to the table:

1. Select the column containing the month you wish to join; it shows the correct membership dues for that month.
2. Select the desired membership type from the options in the first column.
3. Enter the price associated with the chosen month and desired membership type in the space labeled "AMOUNT DUE" below the table. This amount covers your membership until March.

Examples: In October, a Family membership costs \$28.00. For June, an Individual/Adult membership costs \$30.00.

MEMBERSHIP TYPE	CHOOSE THE MONTH YOU WISH TO JOIN			
	March April May	June July August	September October November	December January February
Individual/Adult	\$40.00	\$30.00	\$20.00	\$10.00
Family	\$55.00	\$41.00	\$28.00	\$14.00
Student (<i>must provide proof of enrollment</i>)	\$30.00	\$23.00	\$15.00	\$8.00
Junior (<i>for ages 17 and younger</i>)	\$20.00	\$15.00	\$10.00	\$5.00

AMOUNT DUE: _____

Make checks payable to MVAS

If not paying in person, mail to – MVAS Membership Director, P.O. Box 340896, Beavercreek, OH 45434

FOR OFFICE USE ONLY:

Date Paid: _____

Cash: \$ _____

Check: \$ _____

Check #: _____