



SDAA



SAN DIEGO ASTRONOMY ASSOCIATION

Membership Application

Membership Type:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: (____) ____-_____

Email: _____

Contributing (\$60)

Basic (\$35)

Family (\$5 per Family Member)

List additional Family Members here: _____

All memberships are for one year. **Basic Members** get the monthly newsletter, voting privileges, can hold office, and have use of the Tierra Del Sol (TDS) site on Star Party nights only. **Contributing Members** get all of the above, plus use of TDS at any time, the right to lease a private pad and use of the club telescope—some restrictions apply. **Family Members** are household members of a Basic or Contributing Member and have the same rights as a Basic Member.

Rates Subject to Change Without Notice

Magazine Subscriptions (Optional)

(The following subscription rates are "Club Rates" and offer a substantial savings over newsstand prices)

Sky & Telescope Currently Unavailable **Astronomy** (\$34.00)

Do you wish to give a tax deductible donation to SDAA? \$_____ Check here if you wish a receipt mailed to you.

Total Membership Fee (Membership + Family Membership (\$5 ea.) + Magazines + Donation)

\$_____ *Make checks payable to "San Diego Astronomy Association"*

In applying for membership in the San Diego Astronomy Association, I agree to abide by the Association's by-laws. I also agree to abide by all rules and laws, Club and civil, while at the SDAA Observing Site and at any Club sanctioned or sponsored events.

Applicant's signature and date

Mail application and check to:

**San Diego Astronomy Association
PO Box 23215
San Diego, CA 92193-3215**