

The Astronomical Society of New Haven, Inc. - Membership Form

Mail this form with your check payable to **ASNH** to:

Treasurer, Astronomical Society of New Haven
P.O. Box 5078
Milford CT 06460

Please check or circle all that apply:

I am:

New Member	Renewing Membership	Updating Information
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Electronic Newsletter Delivery			
Regular/Family \$23*	Student \$10	Senior \$10	Patron \$300+

*Age of each child: _____, _____, _____, _____

GENERAL INFORMATION: *(Please print)*

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP	PHONE
DOB:	E-MAIL:		

Would you be willing to volunteer at any of our events? _____ Yes _____ No

All information is confidential!