

Arkansas Oklahoma Astronomical Society

Membership Application Form

<http://www.aoas.org>

(479) 782-1131

Application Date: _____

Personal Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ - _____ Email _____

Please list others in your family with an interest in Astronomy.

1) _____ 2) _____

3) _____ 4) _____

Please answer a few questions.

How do you prefer to receive your AOAS newsletter delivered? Email _____ USPS _____
(Email is quicker, more efficient, saving club funds. Please check your preference)

Do you own a Telescope? _____ Binoculars? _____ Other? _____

Would you like to receive information about club activities and events? Yes _____ No _____
If so, how would you prefer to be contacted? Email _____ USPS _____

Please rate your knowledge of Astronomy? Novice _____ Intermediate _____ Advanced _____

Membership is \$40 per year and is always due on December 1st for the following calendar year. Membership expires on Dec 31st of the following year. Initial Dues will be prorated to cover from the date of your acceptance into AOAS until December 31st of the same year.

Please mail your check or money order payable to:

AOAS
Leonard Lynch, Membership Chairman
508 Melrose, Fort Smith, AR 72903