

**Columbus Astronomical Society
Membership Application/Renewal Form**

Please indicate:

New Member Membership Renewal

I have checked the class of membership desired and enclosed a check made payable to the Columbus Astronomical Society for:

- Annual Regular Membership Fee: \$25 _____
- Annual Student Membership Fee: (under 18) \$10 _____
- Annual Family Membership Fee: \$35 _____
- Annual Patron Membership Fee: \$50 _____
- Annual Corporate Membership Fee: \$150 _____
- Lifetime Membership: \$500 _____
- Tax Deductible Donation: _____

Total: _____

Please Print

Name	
Address	
City	
State	
Zipcode	
Phone	
E-Mail	
Today's Date	

Mail to:

**Columbus Astronomical Society
P.O. Box 163004
Columbus, Ohio 43216**