## **York County Astronomical Society Membership Application**

Fill in the information below. Remember to include your check payable to YCAS. Your membership is pro-rated your first year, based on the month you join. Please print the form, fill it out (please print clearly) and mail it to:

## York County Astronomical Society 400 Mundis Race Road York, PA 17406

For family memberships, please list all immediate family members' names who will be active in the society in the appropriate section. Family memberships are for family members who reside in the same household.

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Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Primary Email Address:		
Providing an email address w outside the club.	ill help us stay in contact with you. \	Ne will not share your email with anyone
Family Members Names:		
Please check the appropriate month. Please make check p		remit check in the amount shown behind that  Student Membership
Jan. – Mar. \$20	Jan. – Mar. \$30	Jan. – Mar. \$10
April – June \$15	April – June \$22.50	April – June \$7.50
July – Sept. \$10	July - Sept. \$15	July - Sept. \$5
Oct Dec. \$5	Oct. – Dec. \$7.50	Oct. – Dec. \$2.50
		Students have limited benefits (no voting privileges, no Astronomy

League Membership)