



Fox Valley Astronomical Society Membership Application



Make check payable to, and mail your completed application and check to:

Fox Valley Astronomical Society
Attn: Treasurer
P.O. Box 38
Wasco, IL 60183

Today's Date: ____/____/____

New Member: ____ Renewal: ____ (please check one)

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Telephone number: (with area code) (_____)_____

E-mail address: _____

My level of astronomy knowledge is: ___Beginner ___Intermediate ___Advanced

Do you own a telescope? ___YES ___NO

What kind? _____

What area(s) interest you? (please check all that apply)

- Visual Astronomy
- Learning the Constellations
- Making your own telescope
- Lunar and Solar Eclipse Observation
- Deep Sky Observation
- Solar Observation
- Observing the Moon, Planets, Meteors, and Comets
- Purchasing a telescope
- Astrophotography / CCD imaging
- Binocular Astronomy

- Include me on FVAS e-mail announcements (Information will be private to the list)
- Include me on FVAS / Yahoo Groups discussion e-mail list (Information will be private to the list)
- I would be interested in attending FVAS Club Members Observing Star Parties
- I would be interested in attending FVAS Public Star Parties with the club
- I would be interested in volunteering at special FVAS events like Astronomy Day
- I am interested in attending the monthly meetings

Membership Costs

One fee - \$25 - Includes family members living in immediate household!