

DOOR PENINSULA ASTRONOMICAL SOCIETY

MEMBERSHIP APPLICATION FORM

MEMBERSHIP TYPE

- FAMILY - \$22.00 PER YEAR
 STUDENT - \$5.00 PER YEAR

DATE _____

FAMILY

Adult	First Name	Initial	Last Name
Adult	First Name	Initial	
Child	First Name	Initial	Birth date
Child	First Name	Initial	Birth date
Child	First Name	Initial	Birth date
Child	First Name	Initial	Birth date
Child	First Name	Initial	Birth date

Student	First Name	Initial	Last Name	Birth date

Street Address

Post Office	State	Zip

Home Phone	Bus. Phone
E-mail	Cell Phone

Make checks payable to: Door Peninsula Astronomical Society (DPAS)

Mail to: Door Peninsula Astronomical Society
P.O. Box 331
Sturgeon Bay, WI 54235