



Wabash Valley Astronomical Society, Inc.
P.O. Box 2020
West Lafayette, IN 47996-2020

<https://www.wvastro.org>

WVAS Membership Application

(Please Print Clearly)

Name: Date:

Address:

City:

State: ZIP+4:.....

Phone:

E-Mail:

Annual WVAS membership dues [includes electronic distribution of <i>The Nebula</i> newsletter]	(\$35.00)	\$
Include all immediate family* as WVAS members	(+\$10.00)	\$
Subtract \$5.00 if you are a full-time student		-\$
Tax-deductible donation		\$
TOTAL		\$

Checks should be made payable to WVAS. Please give this form and your check to the WVAS Treasurer or mail them to the address at the top of this form.

* Family members living in the same household. Maximum of two voting members over the age of 18 per family membership.

