



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

<http://www.stargazing.net/wvas/>

## WVAS Membership Application

(Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Annual WVAVAS membership dues [includes electronic distribution of <i>The Nebula</i> newsletter]	\$ _____ <u>25.00</u>
Include all immediate family as WVAVAS members (+\$10.00)	\$ _____
1-year <i>Sky&amp;Telescope</i> magazine subscription (+\$32.95)	\$ _____
1-year <i>Astronomy</i> magazine subscription (+\$34.00)	\$ _____
or	
2-year <i>Astronomy</i> magazine subscription (+\$60.00)	\$ _____
Subtract \$5.00 if you are a full-time student	-\$ _____
Tax-deductible donation	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

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