



## River Bend Astronomy Club Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email address (to receive club news and information): \_\_\_\_\_

Where did you hear of our club? \_\_\_\_\_

How long have you been interested in astronomy? \_\_\_\_\_

Do you have optical equipment? \_\_\_ Telescope \_\_\_ Binoculars

I am submitting my application for:

\_\_\_\_\_ Adult membership(s) @ \$20.00/year (18 years or older)

\_\_\_\_\_ Youth membership(s) @ \$15.00/year (under 18)

I enclose a check for a total of \$\_\_\_\_\_ made out to "Mike Veith, Treasurer RBAC."

Signature \_\_\_\_\_

Date \_\_\_\_\_

River Bend Astronomy Club c/o Mike Veith, 1121 St. Louis St., Edwardsville, IL 62025

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e-mail: [wmrbreeden@yahoo.com](mailto:wmrbreeden@yahoo.com)