



## 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 (non-student 18 years or older)

\_\_\_\_\_ Student membership(s) @ \$10.00/year (Students from 12 to 24 years of age)

I enclose a check for a total of \$\_\_\_\_\_ made out to "RBAC"

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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e-mail: [mveith@sbcglobal.net](mailto:mveith@sbcglobal.net)