



River Bend Astronomy Club Membership Application

Name _____

Legal Name (if different) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email address (to receive club news and information):

Where did you hear about 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) @ \$40.00/year (non-student 18 years or older)

_____ Student membership(s) @ \$20.00/year (Students 12 years of age and up)

Note: Under 16 years old—must be accompanied by an adult

I enclose a check for a total of \$_____ made out to “RBAC”

By signing below, you agree to the terms of membership described in the Club’s by-laws.

Signature _____

Guardian’s Signature (if applicant is under 18) _____

Guardian’s legal Name (if applicant is under 18) _____

Date _____

River Bend Astronomy Club c/o Spencer Chapman, 2811 Cabin Creek Ct., Edwardsville, IL. 62025

Pay via Cash, Zelle or Check