



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) @ \$40.00/year (non-student 18 years or older)

_____ Student membership(s) @ \$20.00/year (Students from 12 to 24 years of age)

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

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

Signature _____

Date _____

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

web: riverbendastro.org