

DOOR PENINSULA ASTRONOMICAL SOCIETY

MEMBERSHIP APPLICATION FORM

MEMBERSHIP TYPE

- FAMILY - \$22.00 PER YEAR
 STUDENT - \$5.00 PER YEAR

DATE _____

FAMILY

Adult	First Name	Initial	Last Name	
Adult	First Name	Initial		
Child	First Name	Initial		Birth date
Child	First Name	Initial		Birth date
Child	First Name	Initial		Birth date
Child	First Name	Initial		Birth date
Child	First Name	Initial		Birth date

Student	First Name	Initial	Last Name	Birth date
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Street Address

Post Office	State	Zip
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Home Phone	Bus. Phone
E-mail	Cell Phone

Make checks payable to: Door Peninsula Astronomical Society (DPAS)

Mail to: Door Peninsula Astronomical Society
2041 Michigan Street
Sturgeon Bay, WI 54235