



**Central Appalachian Astronomy Club**

P. O. Box 1862, Clarksburg, WV 26302

[www.caacwv.com](http://www.caacwv.com)

**MEMBERSHIP APPLICATION**

The purpose of our club is to promote education about amateur astronomy through observing the Universe, and by presenting interesting educational programs and events about astronomy and related fields. Our club is a member of the Astronomical League. Regular Membership\* is open to all individuals 16 years of age or older. Family Memberships \*\* include immediate family only (no age requirement but anyone under 16 must be accompanied by an adult). Our meetings are held at the Good Hope Observatory Complex on the 3rd Saturday of each month at 6:00pm or at 6:30pm. After each regular meeting (sky conditions permitting) we will have telescopic observations at the Good Hope Observatory. By joining, members agree to abide by club rules and bylaws as established by the club membership.

Amount paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Check number \_\_\_\_\_ Received by \_\_\_\_\_  
(If paying cash in person)

**Keep this portion for your records**

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Cut on dotted line. Return this part to Central Appalachian Astronomy Club with check or money order to address above.

**Membership Enrollment Form: Please print legibly!**

Membership type; (Check one): Individual / regular\* - \$20 \_\_\_\_ OR Family \*\* - \$25 \_\_\_\_ Enrollment date \_\_\_\_\_

*Note: Full dues are assessed for new members enrolling through August 31 of each year. Members enrolling September 1 and after will be assessed half the normal rate. Dues are on a calendar- year basis and should be paid on or before January 1 of each year.*

**Make checks payable to Central Appalachian Astronomy Club**

**Regular Member Name** (last) \_\_\_\_\_ (first) \_\_\_\_\_ Age \_\_\_\_\_ (If under 18)  
Family Member Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Age \_\_\_\_\_  
Family Member Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Age \_\_\_\_\_  
Family Member Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Age \_\_\_\_\_

Please list any additional family members and age on back of form, and check here: \_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type of observing equipment owned \_\_\_\_\_

\* Each individual / regular membership has full voting privileges and is entitled to attend all club activities and meetings.

\*\* Each Family Membership includes one regular membership and each enrolled family member is an associate member who is non-voting, but is entitled to attend all club activities and meeting. An adult must accompany (Children under 16 years of age at all times.)