



Family Membership Application

INSTRUCTIONS: Use this form to apply for membership in the Rose City Astronomers, or renew an existing membership. The membership year runs from July 1 through June 30.

New Member Packets are available for new members at the Membership Table at monthly general meetings (not available by mail).

Check One: New Member Renewal (active member) Renewal (past member)

Primary Member Name: _____ Date: _____

Address: _____ Phone: _____

City / State / ZIP: _____ / _____ / _____

To receive occasional club announcements about programs and activities, and access to RCA members-only Forum, provide **email address:** _____

List all other immediate family members living in the same residence that want to be considered an RCA Member and have access to club programs and resources. To receive occasional club announcements about programs and activities, and access to RCA members-only Forum, include email address.

Name	Email Address	Forum Access Requested	Age if < 18 yrs.

Membership Dues	
Family Membership = \$30/yr. pro-rated based on the month applied: J=\$45 F=\$42.50 M=\$40 A=\$37.50 M=\$35 J=\$32.50 J=\$30 A=\$27.50 S=\$25 O=\$22.50 N=\$20 D=\$17.50	
<input type="checkbox"/> YES I'd like to make an additional (tax deductible) donation of \$ _____ to be distributed as follows:	
Youth Scholarship Fund	
Observing Site Fund	
General Operating Fund	
Total Amount Enclosed: <input type="checkbox"/> Cash <input type="checkbox"/> Check	

Please make checks payable to **Rose City Astronomers** and bring to meeting, or send to:
 Membership, Rose City Astronomers, c/o OMSI, 1945 SE Water Avenue, Portland, OR 97214.