



# ASTRA Membership Application Form

Thank you for your interest in the Astronomical Society of the Toms River Area. Please read carefully and fill in the appropriate information below.

New membership Annual dues are \$ 25.00 (January to December): (\$ \_\_\_\_\_)

Telescope Fund Assessment required for all new members (\$ 5.00 )  
"Optional for returning members"

Returning members Annual dues are \$ 25.00 from (January to December): (\$ \_\_\_\_\_)

Prorated membership dues are \$ 15.00 from (July to December): (\$ \_\_\_\_\_)

Astronomical League Membership dues are \$7:50 per year: (\$ \_\_\_\_\_)  
"Ask about the benefits of becoming an AL member"

**TOTAL AMOUNT PAID (as determined by the above schedule):** (\$ \_\_\_\_\_)

***PLEASE MAKE CHECKS PAYABLE TO ASTRA.***

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please provide your E-mail address so you can receive a copy of the "Astral Projections" Newsletter.  
"If unable to provide an e-mail address, a paper copy of the newsletter will be mailed to you"

**E-MAIL ADDRESS** \_\_\_\_\_

I declare that to the best of my knowledge all particulars supplied by me are correct and complete.

**APPLICANT SIGNATURE** \_\_\_\_\_

Send this application form with your dues payment to:

**A.S.T.R.A. Robert J. Novins Planetarium  
Ocean County College P.O. Box 2001  
Toms River NJ 08754-2001**