



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.

Dues are \$20.00 for "New" members and \$15.00 for returning members. (\$ _____)

The extra \$5.00 for new members is an assessment for the telescope fund.

Annual dues are payable by March 31st.

Returning members' dues paid after March 31st will be considered "New" memberships.

(Optional) Astronomical League Membership dues are \$9.00 per year: (\$ _____)
"Ask about the benefits of becoming an AL member"

TOTAL AMOUNT PAID: (\$ _____)

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 reduced paper copy of the newsletter will be mailed to you"

E-MAIL ADDRESS _____

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**