



Membership Form

Name: _____

Address: _____

City/State/Zip code: _____

Phone: _____

Email: _____

Type of membership:

_____ \$10 Student

_____ \$20 Individual

_____ \$25 Family

CVAS membership runs from January 1st to December 31st.

Optional: For membership in the Astronomical League include an additional \$7.50. Astronomical League membership runs from July 1st to June 30th and receives the quarterly publication "Reflector".

Mail to:

CVAS
PO Box 765
Eau Claire, WI 54702