



Omaha Astronomical Society Membership Form - Please Print Legibly

Date _____

Annual Membership Dues (Check One): Family \$25 _____ Student \$10 _____

Name: _____

Address: _____

City: _____

State, ZIP: _____

Phone: _____

Email Address: _____

Check One: New Member _____ Renewal _____ Information request _____

Comments:

Please enclose check payable to "Omaha Astronomical Society" (do not mail cash) and mail to: Omaha Astronomical Society, PO Box 34703, Omaha, NE 68134-0703