

Membership Form

Membership application for:

YORK SIMCOE AMATEUR ASTRONOMERS

Applicant name: SURNAME-- _____

GIVEN NAME-- _____

Applying For: Single Membership-- Yes _____

Family Membership-- Yes _____

Family member names-- _____

Student Membership -- Yes _____

Annual Membership Fee Paid - \$ _____ Single \$15.00

DATE PAID-- _____ Received By _____

Home Address -

Mailing Address (if different) -

Home phone -

Business phone -

Fax # -

E-mail address: _____

York-Simcoe Amateur Astronomers:

MEMBER SURVEY

To assist the YSAA club directors and executive in designing activities and programs to meet your needs, goals and expectations, please answer the following questions:

LEVEL OF EXPERIENCE AND/OR INTEREST

Beginner _____ Intermediate _____ Advanced _____

Do you have a telescope? Yes _____ No _____

Do you have binoculars? Yes _____ No _____

Do you have an interest in a specialized field of expertise you would be willing to share with other members?

Topics and / or information you would like to see at upcoming meetings:

Would you like to organize a meeting or activity in the future?

If so, what would you be willing to take on:

Can we share your name, address, phone, (e-mail address etc.) with other club members on a membership list?

Yes _____ No _____

Would you like to be called for any extra observing nights? Yes ___ No ___