

**THE HAWAIIAN ASTRONOMICAL SOCIETY
MEMBERSHIP APPLICATION**

Date: _____

Name _____

Street or P.O. Box _____

City _____ State _____ Zip _____

Phone _____ (e-mail) _____

Family Members _____

Dues \$20.00 _____

Dues (Student) \$12.00 _____

Additional family members. Each \$2.00 _____

Sky and Telescope Subscription \$32.95 _____

Astronomy Subscription \$34.00 _____

Donation _____

Total _____

Fill out this form and send with your check to:
Hawaiian Astronomical Society
P.O. Box 17671
Honolulu, Hawaii 96817-0671

**THE HAWAIIAN ASTRONOMICAL SOCIETY
MEMBERSHIP APPLICATION**

Date: _____

Name _____

Street or P.O. Box _____

City _____ State _____ Zip _____

Phone _____ (e-mail) _____

Family Members _____

Dues \$20.00 _____

Dues (Student) \$12.00 _____

Additional family members. Each \$2.00 _____

Sky and Telescope Subscription \$32.95 _____

Astronomy Subscription \$34.00 _____

Donation _____

Total _____

Fill out this form and send with your check to:
Hawaiian Astronomical Society
P.O. Box 17671
Honolulu, Hawaii 96817-0671