



LETHBRIDGE ASTRONOMY SOCIETY

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www.lethbridgeastronomysociety.ca

Oldman River Observatory
Popson Park
Lethbridge

Membership Form

Yes, I will join today at the following level:

Regular Member (\$50) (must be 18 years or older)

Regular Member and Spouse/Partner (\$75)

Associate (\$25) (must be 14 years or older)

Indicate: Mr. Mrs. Ms. Miss Dr.

Member Name _____

Address _____ City _____ Province _____

Postal Code _____

Phone _____

Email _____

Member Spouse/Partner Name _____

Please fill in this area for a **GIFT MEMBERSHIP**

Sender's Name _____

Address _____ City _____ Province _____

Postal Code _____

Phone _____

Send membership to gift recipient.

Send materials to me for presentation.

Send next year's renewal notice to me.

Enclosed is a check for \$ _____ payable to:

“Lethbridge Astronomy Society”

Please complete form and send to:

Lethbridge Astronomy Society
PO Box 1104
Lethbridge, AB
T1J 4A2