Milwaukee Astronomical Society Gift Membership Application Form

Please return this form with your payment (no cash please). The MAS board will approve the application at the next meeting. Once a member, we would like to invite your gift recipient to attend monthly meetings, special events, public observing nights, and our online community, the MAS Google Group. You can also fill out an application and pay online at: www.milwaukeeastro.org/apply

Your Name: ________________________________

Your Address: __________________________________________________________________________

Your City, State Zip: ___________________________________________________________________

Your Phone: ____________________________ What Date will you present the gift? ________________

Your E-mail Address: ___________________________________________________________________

Recipient Name: _________________________________________________________________________

Recipient Address: ______________________________________________________________________

Recipient City, State Zip: __________________________________________________________________

Recipient Phone: _________________________________________________________________________

Recipient E-mail Address: __________________________________________________________________

Add recipient email to the MAS Google Group: YES _____ NO_____ (This can be changed at any time)

What is the recipients occupation / interest in astronomy? _______________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Membership (select one of the following)

_____ $46 - Individual

_____ $52 - Family

_____ $23 - Youth (gift recipient must be younger than 21)

$__________ Total due. Make checks payable to The Milwaukee Astronomical Society.

Please complete and mail form with payment to:

Susan Timlin
4365 South Church Drive
New Berlin, WI 53151