

# MARSHAL MARTZ MEMORIAL ASTRONOMICAL ASSOCIATION, INC.

176 Robbin Hill Road, P.O. Box 14, Frewsburg, NY 14738

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## Membership Application/Renewal Form

Anyone expressing an interesting in joining the **Marshal Martz Memorial Astronomical Association, Inc.** can become a member upon submission of a membership application and approval by a majority of the Board of Directors. The applicant may undergo a background check at the discretion of the Board of Directors. Membership year coincides with the fiscal year, which is October 1<sup>st</sup> through September 30<sup>th</sup>.

### Membership Levels

- **Student membership \$15**  
Available to K-12 or full or part-time students at an accredited institution. Student memberships have regular membership privileges except voting and holding office.
- **Individual membership \$35**  
Full privileges including one vote and the ability to hold an office.
- **Family Membership \$50**  
Full privileges for all family members, two votes maximum, and the ability to hold an office.
- **Supporting (Individual or Family) \$100**  
A portion of your dues are a tax-deductible donation that helps support our educational mission.

### Benefits of membership

- Members will have access to use the facilities and equipment, including telescopes.
- Members are advised of activities through our bi-monthly newsletter.
- Increase your knowledge of astronomic and/or skill of observing through the collective knowledge and comradery of the membership.
- Free lectures and presentations related to astronomy.
- Access to “members only” stargazing parties.
- Involvement with educational outreach programs, if interested.
- Reduced subscription rates to “Astronomy” and “Sky Telescope” magazines.

**Please fill out the membership application/renewal form on the next page.**

## Membership Application/Renewal Form

*Please print legibly*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

*We will not sell or share your email address to an outside party.*

Type of membership (circle your choice):

**Student \$15**

**Individual \$35**

**Family \$50**

**Supporting Individual \$100**

**Supporting Family \$100**

**Renewal or new application:** \_\_\_\_\_

Circle the method that you would like to receive the bi-monthly newsletter.      Email      USPS

Would you like us to notify you by email of upcoming events?      Yes      No

We regularly host astronomy-related events (i.e., tours for groups, general stargazing, etc.). Would you be willing to volunteer for such things and/or for other activities at the observatory as we are always looking for volunteers to help?      Yes      No

How did you learn about the Martz-Kohl Observatory? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this membership application/renewal form with your check, payable to **MMMAA**, and send them to **176 Robbin Hill Road, P.O. Box 14, Frewsburg, NY 14738**

### *Application Action (Office Use Only)*

Board of Directors approval \_\_\_\_\_ Payment received \_\_\_\_\_ Membership applicant notified \_\_\_\_\_

Information entered \_\_\_\_\_