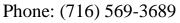
MARSHAL MARTZ MEMORIAL ASTRONOMICAL ASSOCIATION, INC.

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







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 1st through September 30th.

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 sho	are your email address to a	n outside party.	
Type of membership	(circle your choice):		
Student \$15	Individual \$35	Family \$50	
Supporting Individual \$100		Supporting Family \$100	
Renewal or new app	lication:		
Circle the method that	t you would like to receive	the bi-monthly newsletter.	Email USPS
Would you like us to	notify you by email of upco	oming events?Yes	No
We regularly host astr	conomy-related events (i.e.,	tours for groups, general star	gazing, etc.). Would you
be willing to voluntee	r for such things and/or for	other activities at the observa	atory as we are always
looking for volunteers	s to help?	YesNo	
How did you learn ab	out the Martz-Kohl Observ	atory?	
Signature		Date	
Please return this men	nbership application/renewa	al form with your check, paya	able to MMMAA,
and send them to 176	Robbin Hill Road, P.O. B	ox 14, Frewsburg, NY 1473	8
	Application Act	ion (Office Use Only)	
Board of Directors appr	oval Payment receiv	red Membership app	olicant notified
Information entered			