MARSHAL MARTZ MEMORIAL ASTRONOMICAL ASSOCIATION, INC.
176 Robbin Hill Road, P.O. Box 14, Frewsburg, NY 14738
Phone: (716) 569-3689
E-mail: martzobservatory@hotmail.com



Membership Application/Renewal Form

Anyone expressing an interest in joining the **Marshal Martz Memorial Astronomical Association, Inc.** can become a member upon submission of a membership application with payment. 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 include 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 back.

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 with third parties.

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

Per the corporation bylaws, I acknowledge and understand that a background check may be performed at the discretion of the board of directors.

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**

Payment received_____ Information entered _____