

Shenandoah Valley Stargazers (SVS) Membership Enrollment Form

Please write legibly!

Please send to SVS
Treasurer:
Betty Bocchino-O'Shea
P.O. Box 67
Fort Defiance, VA 24437

Membership Type? (*Check one*): Individual - \$35: ___ Family - \$50: ___ Student - \$20: ___

Enrollment Date: _____ (**Important**)

Note: Full dues are assessed for new members enrolling through August 31 of each year. Members enrolling September 1 and after will be assessed half the normal rate. Dues are on a calendar year basis and should be paid on or before the March meeting of each year.

**For family memberships, please indicate each member's first and last name and birthday. (Use spaces below if necessary).*

Name: _____ Birthday (Month/Day): _____

Name: _____ Birthday: (Month/Day) _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____ Cellular: _____

Best Method of Contact (Please Circle): Home Phone Cell Phone Email

Additional Family Members: Please List Names and Contact Information. (*Use back of form if necessary*):

Type of equipment owned:

What ideas do you have for the club?

What topics would you like discussed in the newsletter or at our meetings?

What types of activities or programs are you interested in?

Please **DO NOT** fill in the following!

Check when completed (by Board Member):

Name tag(s) _____ Gate Card _____ Rules _____ Paid _____ Email _____ A/L _____

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