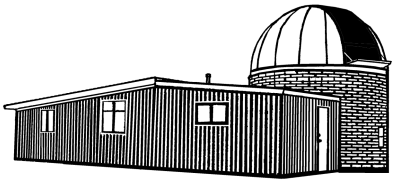
Medicine Hat Astronomy Club

Membership Application Form

The purposes of the Medicine Hat Astronomy Club are to provide a forum to discuss astronomy matters with its members, and to promote interest and education in astronomy among the general population.



Last Name: | | | | | | | | | | | | | |

First Name: | | | | | | | | | | |

Int. | | |

Phone: | | | | - | | | | - | | | | |

Cell Phone: (*optional*) | | | | - | | | | - | | | | |

Email:

Residential Address:

Postal Address: (if different)

Additional Family Members: (Family Membership)

Signature: _____

Date: | Y | Y | Y | Y | - | M | M | - | D | D |

We do not invoice for membership. Payment must be included with application form.