



Sacramento Valley Astronomical Society



Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

How Found: _____

- SVAS Membership Types -	Annual Dues	Check One	
		New	Renewing
GENERAL Membership: Individual and family members (in the same household) enjoy monthly star parties, The Annual STAR-B-Q, loaner scopes, telescope making, email forums, and more. . .	\$36.00	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATORY Membership: The benefits of a General membership plus private use of the Henry Grieb Observatory (HGO) at Blue Canyon. You must be a regular member for six months or longer, be at least 21 years old, be certified and approved by the Observatory Director, and then be approved by the SVAS Board of Directors.	\$84.00	After six months	<input type="checkbox"/>

NEW MEMBERS:

The SVAS membership period is from July 1st through June 30th. **New members** pay a prorated amount based on the application date. From the table at left, enter the dollar amount that corresponds to the current month and the desired membership type. Note that joining in March thru June includes all of the following year (you are paid thru to NEXT June).

	--- Application Month ---											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar*	Apr*	May*	June*
General	\$36	\$33	\$30	\$27	\$24	\$21	\$18	\$15	\$48	\$45	\$42	\$39

(*Mar-June includes following year)

RENEWING MEMBERS:

Amount: \$ _____

The annual renewal month is JUNE.

Enter the Annual Dues amount for the appropriate membership type. (General-\$36, Student-\$24, Observatory-\$84)

Additional tax deductible contribution: \$ _____

Total: \$ _____

By signing this application, I acknowledge that I am at least 18 years old, have accessed the SVAS website (www.svas.org), read and understand the SVAS bylaws and the rules governing the USFS Special Use Permit. In doing so, I agree to abide by the respective "terms and conditions" of each as they relate to the SVAS, use of its property and its facilities. I further understand and acknowledge that failure to abide by these "terms and conditions" can result in revocation of use privileges and/or SVAS membership.

Signature Required: **X** _____ Date: _____

Make check payable to SVAS and send to:
DO NOT SEND CASH

SVAS Membership Application
PO BOX 15274
SACRAMENTO CA 95851-0274

Note: It may take the SVAS Board of Directors 30 or more days to process and approve this application.