



# Sacramento Valley Astronomical Society



## Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How Found: \_\_\_\_\_

- SVAS Membership -	Annual Dues	Check One	
		New	Renewing
<b>GENERAL Membership:</b> 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"/>

Amount: \$ \_\_\_\_\_

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.