

SHREVEPORT-BOSSIER ASTRONOMICAL SOCIETY, INC.

MEMBERSHIP APPLICATION FORM

Name: _____ Date: _____

Address: _____

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Phone (home): _____ Phone (work): _____

Phone (cell): _____ E-mail: _____

Individual dues (January-December): \$25.00. Anyone joining from January through June will pay \$25.00; if you join from July through December dues will be \$12.50 for a half-year membership with dues payable again in January for the following year. Family rates: \$15.00 for each additional family member per calendar year.

Please make a check out to the **Shreveport-Bossier Astronomical Society**
and mail with your application form to:

Cran Lucas, President
Shreveport-Bossier Astronomical Society
9301 Wiscassett Dr.
Shreveport, LA. 71115

(318) 573-6929

Membership includes a subscription to the *Reflector* published by the Astronomical League. Please contact the Secretary for additional information on discount subscriptions to *Astronomy* and *Sky and Telescope*.

For additional information go to ShreveportAstronomy.com