

SOUTH SHORE ASTRONOMICAL SOCIETY
Membership Application
Please print and return

NAME: _____

ADDRESS: _____

TOWN: _____

STATE: _____ ZIP CODE: _____

E-MAIL: _____

TEL NO: _____

NEW [☐] RENEWAL [☐]

ANNUAL DUES	\$35.00
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ADDITIONAL FAMILY MEMBER(S)	_____
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TOTAL	_____
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Please bring application to monthly meeting or mail to:

South Shore Astronomical Society
P.O. Box 155
Norwell, MA 02061

All memberships include full membership in the
Astronomical League.

Each family member can join for an additional \$5.