

2021 Cuyahoga Astronomical Association Membership Form



Date: ___/___/___

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

**MAY WE PUBLISH YOUR PHONE (Y/N) AND/OR
E-MAIL (Y/N) IN OUR MEMBERSHIP LISTING?**

Membership Level: ___ \$10 Student ___ \$25 Individual ___ \$30 Family \$____.

Magazine Subscriptions:

PLEASE INCLUDE YOUR SUBSCRIPTION NUMBER IF RENEWING

Astronomy Magazine – 12 Issues at \$34.00 \$____.

___ New Subscription ___ Renewing Subscription Number _____

Sky & Telescope – 12 Issues at \$43.95 \$____.

___ New Subscription ___ Renewing Subscription Number _____

TOTAL AMOUNT ENCLOSED: \$____.

How did you hear about us? _____

Please make checks payable to:

Cuyahoga Astronomical Association
P.O. Box 868
North Olmsted, OH 44070