Membership Application

Please check one:

- ❑ New member
- ❑ Renewing member
- ❑ Address change
- ❑ Upgrade

from:_____

to: _____

Please check membership category:

- ❑ $50 Individual
- ❑ $60 Dual
- ❑ $85 Family
- ❑ $125 Patron
- ❑ $250 Silver Donor
- ❑ $500 Gold Donor
- ❑ Student/Teacher/Observatory Employee - $10 discount for checked category above

Enter total here $_____

Method of Payment:

- ❑ My check is enclosed *(payable to the **'Imiloa Astronomy Center**)*
- ❑ Please charge my membership to:
  - ❑ Visa ❑ MasterCard ❑ JTB ❑ Diners Club

_____ / _____

Credit Card Number Expiration Date

_____

Credit Card Holder's Signature

_____

Telephone Email

Member Name:

Primary Member: Dr. Mr. Mrs. Ms.

_____

First MI Last OMNI ID #1*

Secondary Member: Dr. Mr. Mrs. Ms.

_____

First MI Last OMNI ID #2*

Mailing Address:_____

_____

City State Zip Code Phone

Email_____

Please note that all member communications, including invitations to special members-only events, are sent via email. We will never share your email address with any other organization.

Is this a gift?

If so, please include gift giver's name, phone and email address here in case we need to contact you about your gift:

Name:_____

Address:_____

City:_____State:_____Zip:_____Phone:_____

For Office Use Only: Payment Date: _____Effective Date: _____Expiration Date:_____Form #: _____

Appeal Code:_____Employee Initials:___Payment Amount:$_____