

SBAU MEMBERSHIP FORM



If you wish to join the SBAU please complete this form and mail to the address below with payment, or bring it to the next SBAU meeting and give it to the Treasurer. Check Membership Type below (good for one year)

Name(s): Individual (\$20) Family (\$25) Organizations (\$30)

Street: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

What are your preferences?

Do not include any information in the club membership directory
OR include the following Postal Address Phone Email

I do not wish to receive the monthly newsletter

Members who receive the newsletter will receive the colored version of the newsletter electronically. If you wish to be mailed a black & white (Printed) copy also, check here.

Do not send SBAU Member Email Messages.

Mail form & payment (checks payable to SBMNH) to:

The Astronomical Unit
c/o SBMNH
2559 Puesta Del Sol Road
Santa Barbara, CA 93105-2998

Avoid the Membership fee. Come share Astronomy with your community (participate in six or more outreaches and receive one year free membership). No scope required, your interest in astronomy and a willingness to share it is all that is required.