

Family Membership Application

INSTRUCTIONS: Use this form to apply for membership in the Rose City Astronomers, or renew an existing membership. Send the completed form and check to the OMSI address below.

New Member Packets are available for new members at the Membership Table at monthly general meetings (not available by mail).

☐ New Member ☐ Renewal of	active membership Renewal of past	membershi	р
Primary Member Name:	Date	e:	
Address: Phone:			
City / State / ZIP:	//	/	
To receive occasional club announceme	ents about programs and activities, and access	s to RCA me	mbers-
only Forum, provide email address:			
Member and have access to club prog	rs living in the same residence that want to be rams and resources. To receive occasional c ess to RCA members-only Forum, include ema	lub announ	
Name	Email Address	Forum Access Requested	Age if < 18 yrs.
Membership Dues			
Family Membership = \$30/yr.		\$	
☐ YES I'd like to be considered a S deductible) donation of \$	tellar RCA Member with an additional (tax to be distributed as follows:	к	
Youth Scholarship Fund		\$	
	Observing Site Fund	\$	
	General Operating Fund	\$	
1	Fotal Amount Enclosed: □ Cash □ Checl	k \$	

Please make checks payable to *Rose City Astronomers* and bring to meeting, or send to: RCA Membership, c/o Ken Hose, 4693 SW Eastgate Dr., Wilsonville, OR 97070.