

# Membership Application

**NC Astronomers**

*NcAstronomers.org*

**Name(s)**

**Address**

**City/State/ZIP**

**Home Phone**

**Bus. Phone**

**Cell Phone**

**E-mail**

**Do you have a scope (not a requirement)?**

**I agree to hold the Nevada County Astronomers and its officers harmless from any loss, claim, suit or injury suffered, occasioned, or experienced by reason of any club activity.**

**Signature**

**Date        /        /**

**Student: \$10/yr (Minor, full-time student)**

**Family: \$20/year (Covers all members of immediate family)**

**Please Mail Check (payable to)**

**NC Astronomers**

**12296 Valley View Rd**

**Nevada City CA 95959**