

North Central Kansas Astronomical Society Membership Application

Please print this form, fill it out, and mail it in with your payment to:

**North Central Kansas Astronomical Society
3711 Birch CT, Manhattan KS 66503**

At NCKAS, we value our members! Benefits of membership include monthly meetings, workshops, use of NCKAS telescopes, informative email notices, and monthly star parties. Plus you'll have access to the NCKAS Members-only section of our website, and admission to any event!

Yes, I'd like to _____ **become a new member** or _____ **renew my membership** for this year.

Choose a membership level: (*Memberships are pro-rated from Jan 1st -Dec 31st*)

Renewal	New	New	New	New	
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	
\$30	\$30	\$22.50	\$15	\$7.50	Individual Membership
\$6	\$6	\$4.50	\$3	\$1.50	Student Membership
\$40	\$40	\$30	\$20	\$10	Family Membership

\$_____ **Member - \$30** full year, pro-rate schedule above

\$_____ **Student - \$6** full year, pro-rate schedule above - Please include copy of student I.D.

\$_____ **Family - \$40** full year, one household, pro-rate schedule above – Include names of all members.

\$_____ **Supporter - \$75** per year, all benefits of a family membership, plus you support NCKAS!

\$_____ **Contributor - \$150** per year, all benefits of a family membership, plus you support NCKAS!

-Plus-

Additional Tax Deductible Donation... Amount \$_____ - You can take advantage of our non-profit foundation for a tax-deductible donation of money or equipment. Your equipment will be appraised at fair market value and a receipt for that amount. Please make your Tax Deductible donation check out to: NCKCN Foundation, Inc./NCKAS

Member Information:

Name(s) _____
(please list names of all members covered by family membership)

Address _____

City _____ Zip _____

Telephone _____

E-mail Address(es) _____

_____ Yes, I would like to have my email address listed on the NCKAS Members-Only List.

_____ No, I do not want NCKAS to contact me via email.

I agree to abide to the terms and conditions* governing use of NCKAS property. I understand that failure to abide can result in revocation of use privileges and NCKAS membership.

Signed _____ Date _____

*A copy of the NCKAS Constitution is available on the NCKAS website, www.nckas.org, or by contacting the NCKAS Secretary.