

Carragal & District Astronomical Society Inc.

CDAS

Name: _____

Address: _____

_____

Phone: _____ Email: _____

Membership type:

☐ Adult	$40
☐ Family	$55
☐ Concession, student	$20
☐ Junior (under 18, with a member adult)	Free

Do you own a telescope? Y / N

How did you hear about us? _____

_____

Signature: _____ Date: _____

Payment: cheque to “Carragal & District Astronomical Society Inc.”, or direct deposit (account details from the Treasurer).

Treasurer: G. Schultz. Form revised July 2024.