

Astronomy Club Membership Form

Last Name _____ First Name _____

Check one and fill in appropriate section:

___ Undergraduate

Circle one: Freshman Sophomore Junior Senior

Major/Minor _____

Expected semester/year of graduation _____

___ Graduate Student

Department/Program _____

Degree sought _____

Expected month/year of graduation _____

___ Staff

Department _____

Position _____

Contact Information

Email Address: _____

Phone Number: _____

Please return this form and \$_____ in dues for this semester to:

Astronomy Club
Georgia State University
1 Park Place South - Suite 700
Atlanta, GA 30303