

Required Information:

Primary Member Name: _____ Birthdate ____/____/____
 (Enter one name only. Additional members are listed below.)

Address: _____

City: _____ State _____ Zip Code + 4: _____ - _____

Evening phone: (____) _____ - _____ Daytime phone: (____) _____ - _____

Internet Users (Optional)

Email address: _____

I wish to subscribe to CASX, our private Yahoo email discussion group (suggested) Yes No

I want to receive the Mirror (the CAS newsletter) online: Yes No

(Requires CASX subscription. If you elect the online version you will not receive a printed copy.)

Additional Voting Members (Optional)

CAS membership includes the **spouse** and **minor children** (under age 18) of the primary member at no additional cost. All members age 12 or older are eligible to vote in CAS elections and on any other matters. Members age 18 or older are eligible to run for the Board of Directors. Please register eligible additional voters below only if they intend to participate.

Name	Relationship to primary member.	Birthdate (m/d/y) (required)

Send form with check or money order payable to:

Calumet Astronomical Society, Inc.

CAS

P.O. Box 851

Griffith, IN 46319-0851

Annual Membership Dues	\$ 40.00
Optional: Sky & Telescope Magazine \$32.95 / yr	
Optional: Astronomy Magazine \$34.00 / yr or \$60.00 / 2 yr	
Total Enclosed	\$