

**FREMONT PEAK OBSERVATORY ASSOCIATION
APPLICATION FOR MEMBERSHIP**

Name: _____*

* Is this a renewal? **No/Yes** (include new information only)

Address: _____

City: _____ State: _____ Zip: _____

Optional Information:

Home Phone: () - _____

e-Mail: _____ (for FPOA e-mail service only)

May we list you in the FPOA Directory? **No / Yes** (Non-commercial purposes only)

May we list your e-mail address in the Members Only web site? **No / Yes**

Would you prefer to receive the "Fremont Peak Observer" by e-mail? **No/Yes**

(A "Yes" saves FPOA money and saves wear and tear on the publisher. *Default is "Yes"*)

Please enroll me as a member in the FPOA in the following category:

_____ General \$30.00 per calendar year

_____ Supporting \$40.00 per calendar year

_____ Family \$50.00 per calendar year

_____ Student \$15.00 per calendar year

(Please include copy of current Student ID)

_____ Life \$450.00 one time

(\$400.00 if over the age of 60)

Please complete the Application for Supplemental FPOA Observer Membership if you wish to use your telescope on the FPOA Premises.

(Please note: memberships run through December 31.)

Your tax-deductible check may be made payable to FPOA. Please do not send cash.

Please mail this to:

FPOA Membership
c/o Rob Hawley
1233 Hillcrest Dr
San Jose CA 95120

Be sure to include:

This application form

Your check (no cash) payable to FPOA

You can also apply and pay using our website and PayPal.

Rev. October 21, 2009