AAVSO New Member Application Form

Please send application, first dues payment, and application fee to:
AAVSO, 49 Bay State Road, Cambridge, MA 02138-1203, USA

Name:_____

Address:_____

_____

City:_____State/Province:_____

Country:_____Telephone No._____

E-mail:_____Date of Birth:_____

Vocation:_____

Telescopic Equipment:_____

_____

Astronomical Experience:_____

How did you hear about the AAVSO?_____

Types of Membership Offered and Dues

Annual: Adult	US $75.00 per year
Associate (Under 21)/Pension/Limited Income	US $37.50 per year
Sustaining:	US $150.00 per year
Developing country (for members residing in low income countries):	US $25.00 per year

Membership is prorated through the end of the year, starting with the current month. **All applicants also add a one-time, $10.00 application fee.**

Please consult the following table to find out how much to pay.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep*	Oct*	Nov*	Dec*
Annual	$75.00	$68.75	$62.50	$56.25	$50.00	$43.75	$37.50	$31.25	$100.00	$93.75	$87.50	$81.25
Ass./Pen./Lim.In.	$37.50	$34.38	$31.25	$28.13	$25.00	$21.88	$18.75	$15.63	$50.00	$46.88	$43.75	$40.63
Sustaining		$150.00	$137.50	$125.00	$112.50	$100.00	$87.50	$75.00	$62.50	$200.00	$187.50	$175.00	$162.50
Developing country	$25.00	$22.92	$20.83	$18.75	$16.67	$14.58	$12.50	$10.42	$33.33	$31.25	$29.17	$27.08

*Please note that if joining in September-December, the following year's dues are already being collected, so we request that you pay for the end of this year and for the following year.

Dues *(see chart)*: US $ _____   **Application Fee:** US $10.00

Donation *(optional)*: US $ _____

Total payment *(dues + fee + donation)*: US $_____

☐ I have enclosed a check/money order

Please charge my credit card
☐Visa ☐ Mastercard ☐ American Express
Cardholder's Name (as on card):_____
Credit card #: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Exp. Date: _____
three digit security code (from back of card):_ _ _ or AMEX four digit code (from front of card) _ _ _ _
Cardholder's Name (as on card):_____
Billing Address (if different from above_____

_____

City_____State/Province_____

Country:_____

_____