

Howard Astronomical League
Suite 211
8630M Guilford Road
Columbia, MD 21046



Membership Application:

Date: _____

Name(s): _____

Membership Type (circle one): **Individual \$25** **Family \$30**

Address:

(confidential, not released to any external public or private parties)

Email: _____

(confidential, not released to any external public or private parties)

Phone: _____

(confidential, not released to any external public or private parties)

Additional Donation to Howard Astronomical League: _____

Total Amount Remitted: _____

Payment Method (circle one): **Check** **Cash**