

# THE ETNA ASTROS MEMBERSHIP RECORD

Your Name:

Mailing Address:

City:

State:

Zip:

Phone:

Email Address:

Emergency Contact Information (Not Necessary for At Large Membership)

Call Name:

Number:

Medical Information In Case of Emergency: (Not Necessary for At Large Membership)

List allergies, medications, conditions necessary to your care in case of emergency:

Your Doctor's Name:

Sky&Telescope Subscriber? Y / N (Circle one)

Member \$15/yr.): \_\_\_\_ At Large Member (\$10/yr.): \_\_\_\_

Expires:

No information given on this form will be shared with other club members. Please enclose your dues with this form.

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