



SUN CITY ORO VALLEY ASTRONOMY CLUB
MEMBERSHIP APPLICATION

NAME(S): \_\_\_\_\_

FULL-TIME Sun City RESIDENT(s)\_\_\_\_\_, or SEASONAL RESIDENT(s)\_\_\_\_\_ Number of months: \_\_\_\_\_

NON Sun City RESIDENT \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS (If not full-time) \_\_\_\_\_

LOCAL TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS(s) (PLEASE PRINT) \_\_\_\_\_

Please make check for \$12.00 payable to SCOV Astronomy Club and mail with this form to:

Barbara Gray, Treasurer
14369 N. Lost Arrow Dr.
Oro Valley, AZ 85755

Have you previously been a member of an astronomy club? \_\_\_yes\_\_\_no

If so, where and how long? \_\_\_\_\_

By signing below, I hereby certify that I assume all risks associated with any Astronomy Club activity conducted outside the confines of Sun City Oro Valley. I understand that the Astronomy Club does not carry insurance of any kind and that the Club, its members, Officers and Board members assume no liability for accidents, illness or injury which may occur during a club sponsored event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_