



Membership Application

Date _____

Thank you for your interest in the Northern Cross Science Foundation. To apply for membership, please fill in the information below and either mail this form to the address listed, or bring it to an NCSF event. Upon acceptance, you will receive a Member's Packet containing information about various Foundation programs and activities, as well as confirmation of subscription status.

Type Of Membership (check one)

- Adult \$36.00 Regular Membership
Number of additional family members at \$6.00 per member _____
- Student \$24.00 18 years or under
Name of School: _____
- Supporting \$70.00 Patron of non-local members
For those who may not have the time to participate in the club's self-support activities, or
for a person that wants to give extra financial backing to our educational programs.

Subscription Options (new or extension – check all that apply)

- Astronomy \$34.00 12 issues, more aesthetically-oriented
- Sky & Telescope \$32.95 12 issues, more technically-oriented

Please Complete The Following

Name _____ Date of Birth _____ / _____ / _____

Names of Family Members Joining _____

Street Address _____

City, State & ZIP _____ Telephone # _____

E-mail Address _____ MSN Nick _____

Employer & Occupation _____

Additional Information

Thank you for your interest in the Northern Cross Science Foundation. In the space below, please include any personal information regarding your specific scientific interests, scientific equipment you own, or skill you feel may be of benefit to the Northern Cross Science Foundation. Then, sign the acceptance section below. Again, we thank you for your interest in the NCSF. You will be notified by mail of your acceptance into the Foundation by the Secretary, following the next regular meeting of the Foundation's Board of Directors.

The Undersigned fully endorses the purpose for which the Northern Cross Science Foundation was organized and wishes to be accepted as a member. The applicant agrees to abide by the By-Laws of the Foundation (available upon request from the Secretary) and to pay the annual dues according to the published schedule.

Signed _____ Date _____ / _____ / _____

Submit completed application to:
Northern Cross Science Foundation
Kevin Bert, Secretary
2292 Ridgewood Road
Grafton, WI 53024



For Office Use Only

Check Number _____ Amount \$ _____ Cash Amount \$ _____

Approved _____ / _____ / _____ Confirmation and Cards Mailed _____ / _____ / _____

Added To NCSF Central _____ / _____ / _____ SPECTRUM Announcement _____ / _____ / _____

Astronomical League Informed _____ / _____ / _____ General Meeting Intro. _____ / _____ / _____

Astronomy subs. begins _____ / _____ / _____ Sky & Telescope subs. begins _____ / _____ / _____

Other _____