



SUN CITY ORO VALLEY ASTRONOMY CLUB
NEW MEMBER INFORMATION

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:

Eric Wiley, Treasurer
SCOV Astronomy Club
13786 N. Buster Spring
Way
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 Board members and drivers, assume no liability for accidents, illness or injury which may occur during a club sponsored event.

Signature

Date

Signature

Date