

Lowcountry Stargazers Membership Form

To become a member of the Lowcountry Stargazers, please fill out this form and bring it into the next meeting or mail it to: LCS Treasurer, 122 Scrapbook Lane, Summerville SC 29483. Membership runs from 1 July until 30 June of the next year. Initial dues shall be prorated from date of joining.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-Mail Address: _____ Phone Number: _____

Membership Type: Single = \$15.00 (or prorated) _____

Additional Family Members = \$5.00 ea.(or prorated) _____

If you have selected additional family members, please list the names of those to include in this membership:

Please list any telescopes or binoculars that you may own here: _____

Please make Checks Payable to: Lowcountry Stargazers Total Enclosed: _____