



MARSHAL MARTZ MEMORIAL
ASTRONOMICAL ASSOCIATION

P.O. Box 14

Frewsburg, NY 14738

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E-MAIL:
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Office Use Only:
Last Name _____
First _____
MI _____

Membership Application

Application Process: Application for membership in the Marshal Martz Memorial Astronomical Association follows the process dictated by the Association's Bylaws. The process is summarized below:

- Applicant must fill out this Membership Application and submit it to the Membership Committee for review. Per the Bylaws, the applicant may undergo a background check at the discretion of the Membership Committee and/or the Board of Directors.
- The Membership Committee will meet to review the application and make a recommendation to the Board of Directors.
- If the Board of Directors recommend the applicant's membership, it will be voted on by the general membership at the next General Membership Meeting (held monthly).
- If the Board of Directors DO NOT recommend the applicant's membership, the applicant can still appeal the decision to the general membership at the next General Membership Meeting.
- The general membership makes the final determination.

Membership Levels: There are three available types of membership:

- **Student Membership:** Available to full or part-time students at an accredited institution. Student memberships have regular membership privileges except voting and holding office. (\$15 Annually)
- **Regular Membership:** Full privileges including one vote and holding office. (\$25 Annually)
- **Family Membership:** Full privileges for all family members, two votes maximum, and the ability to hold an office. (\$30 Annually)

Membership Benefits: Membership benefits are highlighted below:

- Use of facilities and equipment, including telescopes, cameras, and computers.
- Monthly Newsletter
- Free astronomical related lectures and presentations
- Public viewing nights and star gazing parties
- Involvement with educational outreach programs if interested

Applicant Information

Name: _____ Mailing Address: _____
 Phone: () _____ Street or POB: _____
 E-mail: _____ City, State, Zip: _____
 Membership Level Requested: (circle) Student Regular Family
 I certify that I have read and will abide by the MMMAA Bylaws: _____

Application Action (Office Use Only)

| | | | |
|----------------------|-------------|-----------------|-------------|
| Membership Committee | Recommended | Not Recommended | Date: _____ |
| Board of Directors | Recommended | Not Recommended | Date: _____ |
| General Membership | Approved | Not Approved | Date: _____ |