Howard Astronomical League
8630-M Guilford Road
Suite 211
Columbia, MD 21046

Membership Application:

Date: _____

Name: _____

(For Family Memberships: You add other family members later using your HAL account.)

Membership Type (check one): **1 Year -** ☐ **Individual $25** ☐ **Family $30**

2 Year - ☐ **Individual $50** ☐ **Family $60**

3 Year - ☐ **Individual $75** ☐ **Family $90**

Address: _____

_____

_____

(confidential, not released to any external public or private parties)

Email: _____

(confidential, not released to any external public or private parties)

Phone: _____

(confidential, not released to any external public or private parties)

Additional Donation to Howard Astronomical League: _____

Total Amount Remitted: _____

Payment Method (check one): ☐ **Check** ☐ **Cash** ☐ **Credit Card**

AL Reflector Magazine Delivery(check one): ☐ **Paper Copy** ☐ **Digital Copy** ☐ **Both**