



Membership Application

Date _____

1. GENERAL INFORMATION

Name _____

Address _____

City _____

State _____

Zip _____

E-mail Address _____

Phone No. _____

May we have your permission to send you e-mail information about upcoming Kitt Peak Events? *(Please circle)* YES NO

2. MEMBERSHIP

Type	Quantity	Rate	Total
Individual		\$35.00	
Dual**		\$45.00	
Family		\$55.00	
Total Payment			

** If purchasing a Dual Membership, please indicate the name of the second person.

Name of Referral: _____

Would you prefer to receive the Newsletter by E-mail or Regular mail? *(Please circle)* E-mail Regular Mail

3. GIFT MEMBERSHIP

If the membership is being purchased for someone else, please provide the following information. Kitt Peak will send acknowledgments to both the purchaser and recipient.

Name _____

Address _____

City _____

State _____

Zip _____

4. METHOD OF PAYMENT

CASH _____ VISA _____ MasterCard _____ AMEX _____ CHECK _____
(*Made Payable to AURA*)

If paying by AMEX, VISA or MasterCard, please provide the following information:

Cardholder Name _____

Card Number _____ Phone Number _____

Expiration Date _____ Amt. Charged _____

Mailing Address for Credit Card _____

Signature _____

Please **DO Not** fax or e-mail this form for privacy reasons. Send payment by mail to:

Kitt Peak Visitor Center
Membership Department
950 N. Cherry Ave.
Tucson, AZ 85719
520 318-8230

Thank you! Your support for the Kitt Peak Visitor Center is greatly appreciated!