

Cuyahoga Astronomical Association Membership Form



Date: ___/___/___

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Membership Level: ___ \$10 Student ___ \$35 Individual ___ \$50 Family \$____.

How did you hear about us? _____

Please make checks payable to:
Cuyahoga Astronomical Association

And mail to:
CAA
6352 Nelwood Road,
Parma Heights 44130