

Friends of Staerkel Planetarium (FOSP)

Official Membership Application Form

My membership is (check one):

- New
 Renewing

I want to become a FOSP member for one year in the category checked below:

- Sustaining \$180
 Family \$65
 Family (seniors, students, Parkland faculty/staff) \$60
 Individual \$40
 Individual (seniors, students, Parkland faculty/staff) \$35

Contact Information

(Please print all information)

Name: _____

Spouse: _____

Address: _____

Apartment/Suite Number: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

For Family Memberships Only

Please supply names of your immediate family that should go on record with your membership.

You: _____

Spouse: _____

Child: _____

Child: _____

Child: _____

Signature: _____

Date: _____

Payment:

Please return this FOSP application and cash or check payment to our cashier, office, or mail to:

William M. Staerkel Planetarium
2400 West Bradley Avenue, M159
Champaign, IL 61821

Payment enclosed: \$ _____

Once your FOSP application and payment are processed, an information packet and membership card will be mailed to you. If you have questions, we can be reached at 217-351-2568.

Thank you for becoming a FOSP member!