



THE CINCINNATI OBSERVATORY

MAIL-IN Membership Application

Please print this form, fill it in and mail it, with your payment, to the address provided below.

Name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____

E-MAIL: _____

\$35 Individual Membership

\$250 Venus Membership

\$50 Family Membership

\$500 Moon Membership

\$75 Star Cluster Membership

\$1000 Sun Membership

\$100 Mars Membership

How did you learn about the COC? _____

Additional tax deductible donation to support the COC: \$ _____

Please make checks payable to the: Cincinnati Observatory Center

Mail to: Cincinnati Observatory Center, 3489 Observatory Place, Cincinnati, OH 45208

Charge your contribution to Visa, MasterCard or Discover:

Card Number: _____

Expiration Date: _____