

SEPA Membership Form

1 Year Full Membership within SEPA geographical region (\$25) _____
2 Year Full Membership within SEPA geographical region (\$40) _____
1 Year Membership outside SEPA geographical region (\$15) _____
Contribution to Scholarship Award Account _____

Total _____

Name _____
Organization _____
Planetarium _____
Address _____
City _____ State _____ Zip _____
Voice Phone _____
Fax _____
E-mail Address _____
Staff Position _____
IPS Member? _____ Yes _____ No

Please send your check to:

SEPA
c/o Patsy Wilson
Margaret C. Woodson Planetarium
1636 Parkview Circle
Salisbury, NC 28144

