

SEPA Membership Form

Full Membership (must live within SEPA geographical region)	
_____ 1 year \$25.00	_____ 2 years \$40.00
Associate Membership (live outside SEPA geographical region)	
_____ 1 year \$15.00	
Professional Development Award Account Donation	
\$ _____ Please indicate \$ amount	

Name: _____

Organization: _____

Staff Position: _____

Planetarium: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

IPS Member: _____ Yes _____ No

Check should be made out to: SEPA and mailed to:

Patsy Wilson
140 Lyn Road
Salisbury, NC 28147

wilsonpatsyk@gmail.com

