



**Carpe Noctem – Seize the Night**

# **GUNNISON VALLEY OBSERVATORY**

## **MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Would you like to receive E-Mail updates about GVO activities? Yes \_\_\_\_ No \_\_\_\_

### **Membership Levels**

<b>TYPE</b>	<b>COST</b>	<b>AMOUNT INCLUDED</b>
Individual Membership	\$50.00	
Family Membership	\$100.00	
Donor Membership	\$500.00	

**Remember – your membership and donation are tax deductible!**

### **Gift Membership**

If this membership is being purchased for someone else, please provide **your information here**. GVO will send acknowledgements to purchaser and recipient.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Thank you!**

**Your support for the Gunnison Valley Observatory is sincerely appreciated. It is your support that makes this unique community resource available to everyone.**

**Payment Information:**

Cash \_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_

Please make checks payable to: **Gunnison Valley Observatory**

If paying by credit card, please provide the following:

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please enter the security code from the back of your card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number of Cardholder: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Please send your completed application to:

Gunnison Valley Observatory  
Attn: Membership  
P.O. Box 1227  
Gunnison, CO 81230

GVO Use Only

Date Received: \_\_\_\_\_

Recorded by: \_\_\_\_\_