



GUNNISON VALLEY OBSERVATORY

Carpe Noctem – Seize the Night

MEMBERSHIP APPLICATION

Date: _____

Applicant Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____ Cell: _____

Would you like to receive e-mail updates about GVO activities? Yes ____ No ____

Membership Type

Type	Quantity	Minimum Rate	Total
Supernova Member Donation		\$1,000 & Up	
Solar Member Donation		\$500 - \$999	
Planetary Member Donation		\$100 - \$499	
Lunar Member Donation		\$50 - \$99	

Remember – your contributions and memberships are tax deductible!

(Payment options are on the reverse of this form) Total Amount: _____

Gift Membership

If this membership is being purchased for someone else, please provide **your information here**. GVO will send acknowledgments 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 ____ VISA ____ MasterCard ____

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: _____

Mailing Address for Card: _____

Phone Number of Cardholder: _____

Amount charged: _____

Signature: _____

Send payment to:

Gunnison Valley Observatory

Attn: Membership

P.O. Box 1227

Gunnison, CO 81230

GVO Use Only:

Date Received: _____

Recorded by: _____