The American Association of Variable Star Observers

AAVSO Membership Dues Renewal Form

Please return this form with your payment to:

AAVSO 49 Bay State Road, Cambridge, MA 02138-1203 United States

Name______________________________________________
Address____________________________________________
City_________________________________________________
State/Province_________ Zip/Postal Code_______________
Country___________________________________________
Email______________________________________________

Check here if this has changed from previous year ☐

Payment and Contact Information
☐My check for $___________ is enclosed. Checks must be in US funds and made payable to AAVSO.
☐I will pay by credit card. If paying by credit card, please complete the section below. All fields are required.

Visa ☐Mastercard ☐American Express
Card Number __ __ __ __ - __ __ __ __ - __ __ __ __ - __  __ __ __
Exp Date: ____  / ____   Card Security Code (3-digit number from back of card): ___ ___ 
or (AMEX 4-digit code from front of card) ___ ___ ___ ___
Total to be charged: $_________

Name on card:____________________________________

*Please provide the billing address for this credit card if different from address at the top of this form.
BillingAddress______________________________________________
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Membership Type (please check one):
☐Annual $75
☐Sustaining $150
☐Associate (under 21) $37.50
☐Pension/Limited Income $37.50
☐Developing country $25

Would you like to make a donation to the AAVSO
$______________ Donation Amount
$______________ TOTAL AMOUNT

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