



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

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

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.

Billing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____