



BROOKLYN AQUARIUM SOCIETY

Educating Aquarists Since 1911

MEMBERSHIP APPLICATION FORM

NAME: _____ OCCUPATION: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (DAY) _____ (EVE) _____

FAX: _____ E-MAIL ADDRESS: _____

TYPE OF MEMBERSHIP: NEW RENEWAL

INDIVIDUAL: 1 Year - \$20; 2 Years - \$36; 3 Years - \$51; 4 Years - \$68;

FAMILY: 1 Year - \$25; 2 Years - \$45; 3 Years - \$63; 4 Years - \$85;

STUDENT (14-18 years): 1 Year - \$15; WEB*: 1 Year - \$10; 3 Years - \$25;

*Web members do not receive membership card and its privileges and have no voting rights.

Please list all family members. Only first two listed will have voting rights.

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

NUMBER OF TANKS: MARINE _____ FRESHWATER _____ DO YOU BREED FISH? YES NO

IF YES, WHAT TYPES OF FISH DO YOU BREED? _____

SPECIAL INTERESTS (IF ANY) _____

HOW DID YOU HEAR ABOUT BAS? FRIEND PET STORE POSTER FLYER

MAGAZINE AD ONLINE OTHER _____

WHAT TYPE OF COMPUTER DO YOU HAVE? PC MAC NONE

WOULD YOU LIKE TO VOLUNTEER? YES NO

Do you want your name and phone number printed in the BAS membership listing? YES NO

On occasion, the Brooklyn Aquarium Society uses its mailing list to send notices of interest

If you DO NOT wish to receive these mailings please check here

PLEASE RETURN THIS FORM ALONG WITH PAYMENT (check or money order) TO:

BROOKLYN AQUARIUM SOCIETY
C/O Membership Chairperson
P.O. Box 290610
Brooklyn, New York 11229-0011

FOR OFFICIAL USE ONLY (Please do not write in this area)

Membership Number: _____

Type of Membership: [I] [F] [S]

Member Since: _____

No. of Years Paid: [1] [2] [3] [4]

Amount Paid: _____

Expiration Date: _____

Date In System: _____

Note: _____