

# ASTRA MEMBER INFORMATION



First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of School or College: \_\_\_\_\_

Current Grade: \_\_\_\_\_

ASTRA Club Name: \_\_\_\_\_

Year Joined: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please return this for to:  
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