Friends of Staerkel Planetarium (FOSP)

For Family Memberships Only

Please supply name s of your immediate

Official[(OO)2.4(f i)73 fone year in the category cheated that should go on record with below: your membership

Sustaining \$180 Family \$65	You:
 Family \$60 Family (seniors, students, Parkland faculty/staff) \$60 Individual \$40 Individual (seniors, stude nts, Parkland faculty/staff) \$35 	Spouse:
	Child:
	Child:
	Child:
	Circoture
	Signature:
	Date:
Contact Information (Please print all information)	Payment:
Name:	Please return this FOSP application and cash or check payment to our cashier, office, or mail to:
Spouse:	_
Address:	William M. Staerkel Planetarium 2400 West Bradley Avenue, M159 Champaign, IL 61821
Apartment/Suite Number:	
City	Payment enclosed: \$
City:	 Once your FOSP application and
State: Zip Code:	payment are processed, an information
Phone:	packet and membership card will be mailed to you. If you have questions, we can be reached at 217 -351-2568.
Email:	Thank you for becoming a FOSP member!