

Stardusters Membership Application

Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Birthdate: _____

Anniversary: _____

Husband's Name: _____

Children's Names and Birthdates: _____

Membership Type

Active Member -- attending at least half of the annual meetings

Non-active Member -- no obligation to attend meetings

Auxilliary Member -- no obligation to attend meetings

Husband's Department _____

\$20.00 annual dues includes a monthly newsletter and discounts to any Starduster event. Please make checks payable to Stardusters.

Mail completed form to: PO Box 1612, Garden Grove, CA 92842, ATTN: Membership.