

OASIS MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

E-mail: _____

Interests: _____

This is a _____ Renewal _____ New Membership

I wish to join as a: _____ \$20 Regular _____ \$50 Supporting _____ \$15 Student _____ \$15 Senior
_____ \$30 Joint Membership in OASIS & Aerospace Legacy Foundation

OASIS Use Only

Recruited at:

__ Lecture
__ Meeting
__ Other: _____

Recruiter Name:

Mail check & Completed form to:

OASIS

407 N. Pacific Coast Highway, Box 458

Redondo Beach, CA 90277

Attention Memberships

or email your form to email:

You can also submit your form and pay via our website

Membership Dues: _____

Additional Contribution: _____

Total Enclosed: _____

Organization for the Advancement of Space Industrialization & Settlement. A chapter of the National Space