

THE ASTROLOGICAL SOCIETY OF CONNECTICUT, INC.

RENEWAL OF MEMBERSHIP 2024 - 2025

Please fill in all the information below. <i>Print clearly or use a return address label.</i> (Or renew online at https://myasc.org/membership-renewal)	Changed? (check if yes)
Name:	
Address	
City/State/Zip:	
Phone:	
E-mail:	

Please check all of the following which apply

I'm attaching my Membership Renewal Dues of \$50, which will keep me in good standing as an Active Member of the Astrological Society of Connecticut, Inc., through August 31, 2025.
Please note: the annual dues has increased this season.

Check # _____ Date _____

I **DO** consent I do **NOT** consent to my **regular postal address** being released to other current ASC members for promotional purposes, at the discretion of the ASC Board of Directors.

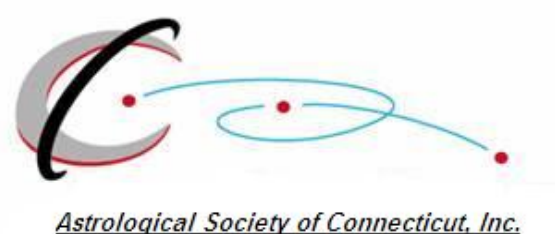
I **DO** consent I do **NOT** consent to my **e-mail address** being released to other current ASC members for promotional purposes, at the discretion of the ASC Board of Directors.

I'd like to find out about serving on the ASC Board of Directors.

I am able to help with the ASC's committees or projects. I have these skills and/or interests:

Please return this form to:

*Debby Vincelett, Membership Chair
P.O. Box 402
Rocky Hill, CT 06067-0402*



See other side for the Online Membership Directory form!

Free Online Listing

As a member in good standing, you are entitled to a **free listing** in the **ASC's online Membership Directory**. This directory is at <https://myasc.org/member-directory>

We encourage all members - beginners and professionals alike - to proudly display their involvement with the ASC, making it possible for connections to happen!

Before filling out this side of the form, please check your current listing. Use this side **only** to create a new listing, provide corrections or updates, or if you're unable to verify your listing online. **If renewing online, email any listing updates to: info.myasc@gmail.com.**

Include me in the Directory or update my Directory information!

Name /Business _____

Street _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Website URL _____

Please list briefly (under 30 words) any text you would like listed (credentials, etc.):

What best describes how you practice astrology?

Full-time professional astrologer: _____ Other: _____

Part-time professional astrologer: _____ _____

Personal application: _____ _____

Services you currently provide which are related to astrology (check all that apply):

Readings/consultations _____

Astrology classes:

Tutoring _____

Beginner _____

Lecturing _____

Intermediate _____

Research/Writing _____

Advanced _____

Other: _____

Please fill out the Renewal Form on the reverse side!