

THE ASTROLOGICAL SOCIETY OF CONNECTICUT, INC.

RENEWAL OF MEMBERSHIP 2025 - 2026

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, 2026.

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.

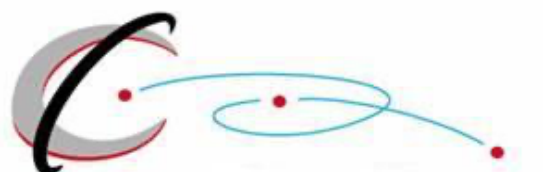
- ☐ I **DO** consent ☐ I do **NOT** consent to my **e-mail address** being released to other current ASC members for promotional purposes, at the discretion of the ASC Board of Directors.

- ☐ 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



Astrological Society of Connecticut, Inc.

Free Online Listing

See other side for the Online Membership Directory form!

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!