

AURORA COMET CENTER MEMBERSHIP

- Family - \$130
- Single \$90
- Senior \$60 (age 60)
- Student \$60

Last Name _____
Member first name _____ Birth date _____
Spouse _____
Children 1 _____
2 _____
3 _____
4 _____
5 _____

Address _____

Phone _____

E-mail _____

Signature _____ Date _____

Total Amount Paid \$ _____ Cash _____ Check # _____

I would like to make a donation of \$ _____

You can return this to the Center or mail to
Aurora Comet Center
PO Box 127
Aurora, IA 50607