NCGR Membership Application

Check one: New Membership ☐ Renewal ☐

Contact Information

Full Name ________________________________________________________________

Mailing Address __________________________________________________________

City __________________________ State / Province __________________________ Zip / Postal Code __________ Country ___________________

Phone (primary) __________________________ Email __________________________

Chapter Affiliation

I wish to be (choose one):
☐ A member of the following Chapter ________________________________________
☐ A Member-at-Large (You may select a chapter at a later date by notifying NCGR)

NCGR Statement of Purpose

According to NCGR's Articles of Incorporation, the purpose of the organization is to support:
• The active integration of astrology with other fields of scientific knowledge, and astrologers with other professionals
• The promotion of astrology as a science, especially in respect to the fostering of research and the publication of research results
• The improvement of standards of astrological practitioners, in collaboration with other interested organizations
• The sponsorship of courses and/or seminars in order to achieve any or all of the above goals

I herewith apply for membership in the National Council for Geocosmic Research. I agree to abide by the purposes of the organization and with its bylaws and ethics code.

Signature: __________________________ Date: __________________________

Payment Information

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>1 Year</th>
<th>3 Years</th>
<th>Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>$55</td>
<td>$150</td>
<td>$900</td>
</tr>
<tr>
<td>Canada / Mexico</td>
<td>$60</td>
<td>$165</td>
<td>$1,000</td>
</tr>
<tr>
<td>International^</td>
<td>$65</td>
<td>$180</td>
<td>$1,100</td>
</tr>
</tbody>
</table>

^Non-U.S. residents who wish to join a U.S. Chapter must choose the International Membership Type and pay the associated fee.

☐ Enclosed is a check or money order (U.S. funds only), payable to NCGR
☐ Charge my credit card

Name on Card __________________________ Credit Card Number __________________________ Expiration Date __________________________

Send completed application to:
Alvin Burns
1351 Maryland Ave., NE Apt. B
Washington, DC 20002-4439

For questions: call 212.838.NCGR (6247) or email execsec@geocosmic.org

Updated January 2022