

## *ASTRONOMICON PRE-REQ*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

# OF MEMBERSHIPS: \_\_\_\_\_ @RATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

- I am willing to volunteer
- Send Art Show Info.
- Send Dealers Room Info.

The Rochester Fantasy Fans  
P.O. Box 23201  
Rochester, N.Y. 14692-3201  
585-342-4697

<http://www.astronomicon.info>

e-mail: [Registration@astronomicon.info](mailto:Registration@astronomicon.info)

Make Checks Payable to : THE ROCHESTER FANTASY FANS

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