

Aquarian Organization of Astrologers

Membership Form

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

E-mail _____

Membership is \$20.00 annually.

Please make checks payable to The Aquarian Organization of Astrologers
and mail to:

The Aquarian Organization of Astrologers

P.O. Box 36493

Kansas City, MO 64171