

THE ASTRONOMICAL SOCIETY OF NEW SOUTH WALES INC.

PO Box 193, Ettalong Beach NSW 2257, Australia

Tel: (02) 4344 2874 – Fax: (02) 9688 1161

ABN: 51 807 120 936

APPLICATION FOR MEMBERSHIP

Name: _____ Email: _____

Phone / Fax: _____ Mobile: _____

Address: _____

State: _____ Post Code: _____

Occupation: _____ Date of Birth (if under 18): _____

I apply to join the Society as a: (please select)

Membership Category:

Full Member

Student Member

Associate Member

Electronic (PDF) Universe

\$52 (\$57 overseas)

\$26

\$47 (\$26 no Universe)

Joining Fee (\$20)

Printed Universe

\$75 (\$95 overseas)

-

\$70

Download Universe instead of Email

- **FULL** membership is available to any Australian resident and entitles the member to voting rights and access to all ASNSW functions and facilities (subject to accreditation procedures).
- **ASSOCIATE** membership is available to any person who is the spouse, partner or dependent child (person under 18) living at the same residential address (family home) as a Full member. Associate members are entitled to all the rights of a Full member with the exception of voting rights. If any Associate member leaves the family home, they must take out separate Student or Full membership (as applicable). This may be done at the commencement of the next financial year. There will be no joining fee imposed and the date of joining will be deemed to be the date that the Associate member first joined.
- **STUDENT** membership is only available to persons who are less than 18 years of age or a full-time student at a school, university, college or other tertiary institution. It entitles the member to all the rights of an Associate member.

Please include the following with my Membership Application: (select if required)

Astronomy 2010 \$20.00 (picked up) \$22.50 (posted) \$26.00 (overseas postage)

Donation to the Society \$ _____

Please list your main astronomical interests: (eg deep sky, planetary, comets, astrophotography etc.)	
Would you like to be contacted by our Section Leaders about your specific astronomical interests?	
Astronomical Equipment: (if any) <i>It is appreciated that many new members may not have a telescope. This is not a problem, as the Society has a number of telescopes and observing facilities available for use by members.</i>	
Please briefly indicate how you found the Society: (eg. friend, telescope shop, the internet etc..)	

Please include payment of one year's membership fee with your application.

Fees may be paid by Visa, MasterCard, Cheque or Money Order. If paying by credit card please provide:

Card Number: _____ Card Type: VISA / MasterCard

Name on Card: _____ Expiry Date: _____

Signature: _____ Amount: \$ _____

If paying by cheque or Money Order, please send to:

The Astronomical Society of NSW Inc.

Attn: The Treasurer

PO Box 193

ETTALONG BEACH NSW 2257

I agree to be bound by the rules of the Society:

Your Signature: _____ Date: _____

(For Committee Use Only)	
Application Received: _____	Fees Paid: _____
Accepted by Committee: _____	Applicant Notified: _____