



ASTRONOMICAL SOCIETY OF TASMANIA INC

MEMBERSHIP APPLICATION FORM

ABN: 30 240 632 001

POSTAL ADDRESS: GPO Box 1654, Hobart, Tasmania, Australia, 7001

GENERAL ENQUIRIES PHONE: 0444 525 566 - GENERAL ENQUIRIES EMAIL: info@astas.org.au

MEMBERSHIP ENQUIRIES EMAIL: membership.astas@gmail.com

WEBSITE: <http://www.astas.org.au/> - FACEBOOK: <https://www.facebook.com/Astronomical-Society-of-Tasmania-1509813642594126/>

MEMBERSHIP OPTIONS (PLEASE TICK SELECTION)

<input type="checkbox"/>	* NEW Membership	\$40	<input type="checkbox"/>	RENEWAL Membership	\$40
<input type="checkbox"/>	* NEW Membership WITH AS&T Magazine (6 Issues per year)	\$90	<input type="checkbox"/>	RENEWAL Membership WITH AS&T Magazine (6 Issues per year)	\$90

THE SOCIETY'S MEMBERSHIP YEAR COMMENCES ON THE 1ST APRIL AND ENDS ON THE 31ST MARCH.

* NEW AND RE-JOINING MEMBERS WHO JOIN AFTER THE 1ST APRIL PAY THE FULL YEARLY RATE MEMBERSHIP FEE.

TO TAKE THIS INTO ACCOUNT A CORRESPONDING PRO-RATA AMOUNT WILL BE CREDITED TO YOUR FIRST FULL MEMBERSHIP YEAR RENEWAL FEE.

MEMBER DETAILS (PLEASE PRINT)

Surname			
First Name			
Residential Address			
	Suburb:		
	Postcode:	State:	
Postal Address			
(If different to residential address)	Suburb:		
	Postcode:	State:	
Phone Number	Mobile:	Landline:	
Email Address			
Please list your areas of interest in astronomy	e.g. Planet, DSO, Astrophotography		
Please list your astronomical equipment	e.g. Telescopes, Binoculars, Cameras		

I (please print full name) _____
apply for **NEW / RENEWAL** of membership in the Astronomical Society of Tasmania. I agree to be bound by the Society's rules and regulations.

Signature _____ Date: _____

MEMBERS UNDER 18 YEARS OF AGE

We encourage our young members to attend Society events.

However, we do ask that parent/s (or adult guardian/s) also attend and supervise them at all times.

The Society requires the consent of your parent/s (or guardian/s).

Please provide **your details and signature (above)** and **your parent/s (or guardian/s) details and their signature/s (below)**.

PARENT OR GUARDIAN DETAILS (PLEASE PRINT)

Parent/Guardian Surname/s	
Parent/Guardian First Name/s	
Parent/Guardian Address/s	
Parent/Guardian Phone Number/s	
Parent/Guardian Email Address/s	

I / we (please print parent/guardian full name/s) _____

consent to (please print under 18 year old full name) _____

application for **NEW / RENEWAL** of membership in the Astronomical Society of Tasmania.

I / we acknowledge that I / we must accompany the above named under 18 year old **and** actively supervise **all** under 18 year old's that I / we accompany to Society events. I / we agree that we will be bound by the Society's rules and regulations.

Parent/Guardian signature/s _____ Date: _____

PAYMENT OPTIONS (PLEASE TICK SELECTION)

Please send your membership application via **email to Membership Enquiries Email: membership.astas@gmail.com** or mail (as stated below)

<input type="checkbox"/> DIRECT BANK CREDIT/EFT	<input type="checkbox"/> CHEQUE OR MONEY ORDER
Bank: NAB	MAIL TO:
Name: ASTRONOMICAL SOCIETY OF TASMANIA	ASTRONOMICAL SOCIETY OF TASMANIA
BSB: 087-250	GPO Box 1654
Account: 844413921	Hobart TASMANIA 7001

PLEASE INCLUDE THE FOLLOWING PAYMENT REFERENCE: NEW / RENEW followed by **your full name** (e.g. **NEW - Galileo GALILEI**)