Western Sydney Amateur Astronomy Group Inc.

(Incorporated under the Associations Incorporation ACT, 2009)

Application for Membership

The APPLICANT should complete the following details in BLOCK LETTERS

Name: .....

Street Address: .....

City/Suburb: .....

State: ..... Postcode: .....

Occupation: .....

E-Mail: .....

Phone: ..... Mobile: .....

Type of Membership: Single Adult …….. Family ……..... Student or Pensioner .....

I, the person whose name appears above hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

……..... .....

Signature of applicant Date

I, ...

Full name of proposer

being a member of the association nominate the applicant for membership of the association.

....

Signature of proposer Date

Your Membership subscription can be made by direct deposit, cheque (payable to WSAAG), or by cash in person when attending our monthly meeting. Please return this application form by post, electronic means or in person with payment, to:

Direct Deposit Details are:

Account: Wsaag
BSB: 512-170
Account No: 100048458
Reference: Your full name

The Secretary
WSAAG
PO Box 400
Kingswood NSW 2747

Email: enquiry@wsaag.org

Office Use.

Drivers Licence: .....

(Please quote State and Number)

Accepted By: .....

Signature: .....