



Western Sydney Amateur Astronomy Group Inc.

(Incorporated under the Associations Incorporation ACT, 2009)
ABN: 68 156 238 767

Application for Membership

The APPLICANT should complete the following details in neat and legible 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 Constitution and 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

Please return this application form in person when attending a monthly meeting together with payment. Payment may also be made by direct deposit if more convenient. EFTPOS is not available.

WSAAG
PO Box 400
Kingswood NSW 2747

Email: enquiry@wsaag.org

Direct Deposit Details are:
Account: Wsaag
BSB: 512-170
Account No: 100271906
Reference: Full name (eg. Robert Paton)

Office Use Only – Wsaag Official to complete.

Drivers
Licence:
(Please quote State and Licence Number)

Accepted By:
Signature: