

## **Macarthur Astronomical Society Inc.**

## **Membership Application/Renewal Form**

P.O. Box 17, MINTO, NSW 2566 www.macastro.org.au contact@macastro.org.au

Date:(dd/mm/yyyy)		I hereby apply for Membership of the Macarthur Astronomical Society Inc. as per the following:	
		Individual	
Name		Family	
			d Family
Address (Not a PO )		Student	
			ner/Retiree
		For current fee rates and conditions please refer to www.macastro.org.au under Membership/Join.	
Phone		Application Fee – AU\$17 (once off, for each application, applies to all new applications)	
E-mail		TOTAL PAYMENT AU\$	
Age (Optional)		FFT to . DSD 062240 A/C 100209C1	
Occupation (Optional)		If you need to pay by alternate means contact the	
I declare that I own a legal laser pointer:	President at contact@macastro.org.au  By payment of the above non-refundable		
O Yes O No			
Yes O No		membership fee I agree to be bound by the rules of the Society as set out in its Constitution and By-Laws.	
Note: Membership does not protect any member			
from lawful prosecution if found guilty of misuse.  Refer to the MAS Laser Usage Policy.		(Copy available on the website under About Us.)	
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Interests: deep sky planetary/lunar/solar spectroscopy radio astronomy astrophotography			
Astronomical Equipment: (not a prerequisite)			
Additional family members (spouse/partner, dependants under the age of 18)			
Name	Relationship	Age	<b>E-mail</b> (if available)
I declare that I am 18 years or older (Applicant's Signature)			
Office Use:			