



HERVEY BAY ASTRONOMICAL SOCIETY Inc APPLICATION FOR MEMBERSHIP

Our Mission: To ignite the imagination of all persons with the wonders of the cosmos

Name:
First Name
Family Name

Spouse/Partner (if Family M'ship).

Address:

.....

..... Postcode

Contact: Phone:

Mobile:

Email: (Please print clearly)

Membership — valid Jan/Dec Please tick

Individual \$25

Family \$40

**Family membership = Spouse/partner plus children under 18 years, if any.
 Please list additional family members on back of this form together with children's ages.
 Half fees apply after 1st September. The Hervey Bay Astronomical Society Inc holds Public Liability Insurance cover of \$10 million**

By signing this application, I agree to comply with the rules of the society.

Signature Date: / /

Please post your application to:

**The Secretary
 Hervey Bay Astronomical Society Inc
 6 Flora Court Dundowran Beach QLD 4655**

Committee Use only

Nominated

Seconded

Accepted **Date:** / /