

SOLENT AMATEUR ASTRONOMERS

FORM A - MEMBERSHIP APPLICATION FORM

Membership required - please tick or cross the applicable category and fee payable.

Joining period	Family	Single	Reduced Single	-
1 st qtr (Sep-Nov)	£35.00	£28.00	£21.00	Life - £280
2 nd qtr (Dec-Feb)	£26.25	£21.00	£15.75	-
3 rd qtr (Mar-May)	£17.50	£14.00	£10.50	Affiliation - POA
4 th qtr (Jun-Aug)	£8.75	£7.00	£5.25	-
Group Name (Affiliation only):			Number (Family only):	
Surname:		Forename:		Date of Birth:
Surname:		Forename:		Date of Birth:
Surname:		Forename:		Date of Birth:
Surname:		Forename:		Date of Birth:
Surname:		Forename:		Date of Birth:
Address:				
Postcode:			Phone:	
E-mail:				

I / We*, the undersigned, apply for membership. I / We* do hereby agree that as a member / as members of Solent Amateur Astronomers, I / We* will be governed by the Constitution as it is now formed or as it hereafter be altered. Provided that I / We* will indicate in writing to the Committee that I / We* wish to withdraw from membership, I / We* will be free of this obligation. (*Delete where applicable.)

Personal details will be held electronically and securely and will only be used for the purpose of membership administration.

Signature:

Date:

Please send this application form with your payment to the Membership Secretary:
Mrs S. Oakley. 114 Ticonderoga Gardens, Woolston, Southampton. SO19 9HD
(Please make cheques payable to "Solent Amateur Astronomers")

or

Completed and signed application forms can also be sent via email to suzanne_oakley@sky.com and payment via bank transfer to Solent Amateur Astronomers can be accepted (bank details available upon request)