

# Macarthur Astronomical Society Inc.

P.O. Box 17, MINTO, NSW 2566

[www.macaastro.org.au](http://www.macaastro.org.au)

## Membership Application/Renewal Form

Date: ..... (dd/mm/yyyy)

Name: .....

Address: .....

.....

.....

Phone: .....

E-mail: .....

Date of Birth: ...../...../..... (dd/mm/yyyy)

Occupation: .....

**I declare that I own a laser pointer:**

Yes       No

Note: Membership does not protect any member from lawful prosecution if found guilty of misuse. Refer to the MAS Laser Usage Policy.

**I hereby apply for Membership of the Macarthur Astronomical Society Inc. as per the following:**

Full Membership

Family Membership

Pensioner Membership

Student Membership

For current, applicable fee rates please refer to [www.macaastro.org.au](http://www.macaastro.org.au) under *Membership/Join*.

**Application Fee – AU\$15** (once off, for each application, applies to all new applications)

**TOTAL PAYMENT AU\$**

Cheque     EFT (1)     PayPal (2)     Cash (3)

(1) EFT to:    BSB 062 340    A/C 10029861  
Please add your name in the reference field.

(2) PayPal to: [contact@macaastro.org.au](mailto:contact@macaastro.org.au)

(3) Cash at monthly meetings only.

By payment of the above non-refundable membership fee **I agree to be bound by the rules of the Society as set out in its Constitution.** (Copy available on the website under *About Us*.)

**Interests:**    deep sky    planetary/lunar/solar    spectroscopy    radio astronomy    astrophotography

**Astronomical Equipment:**  
(not a prerequisite) .....

**Additional family members (spouse/partner, children under the age of 18):**

	Name	Relationship	Age	E-mail (if available)
#2				
#3				
#4				
#5				

**Applicant's Signature:** .....

**Office Use:**     Approved     Declined    **Date** .....