



APPLICATION FOR MEMBERSHIP

Date: _____ / _____ / _____

Name: _____

Postal Address: _____

Phone Number: _____

Email Address: _____

ANNUAL MEMBERSHIP TYPE (tick desired box)

- | | |
|--|------|
| <input type="checkbox"/> Full Member | \$50 |
| <input type="checkbox"/> Pensioner Member | \$45 |
| <input type="checkbox"/> Full-Time Student Member | \$35 |
| <input type="checkbox"/> Family Membership | \$65 |
| <input type="checkbox"/> Family Pensioner Membership | \$60 |
| <input type="checkbox"/> Newsletter Subscription Only | \$22 |
| <input type="checkbox"/> School, Community Group or Overseas | \$70 |

Annual Membership Payment is Enclosed

How did you find out about the Society?

If Family membership, how many in Family? _____

Please name members for complimentary name tags

Simply Post to: **Mornington Peninsula
Astronomical Society Inc.
P.O. Box 596, Frankston,
Victoria, Australia. 3199.**

or hand in at any M.P.A.S. event.

Please Note: Cheques are to be made out to:
Mornington Peninsula Astronomical Society Inc.
(Abbreviations cannot be accepted)