

Canterbury Astronomical Society Inc.

APPLICATION FOR MEMBERSHIP

To: The Treasurer

Canterbury Astronomical Society Inc.

P.O.Box 25-137

Victoria Street

CHRISTCHURCH 8144

Elected: [ ]

Member advised: [ ]

Editor advised: [ ]

Receipt number: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's name in full (block letters): \_\_\_\_\_

Address: (Note: a P.O. Box is NOT a legal address) \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

eMail: \_\_\_\_\_ Date of birth (if under 18) \_\_\_\_\_

Occupation: \_\_\_\_\_

Membership Category (tick; subscription must accompany application. Discounted if paid by 31 May.)

Table with 3 columns: Membership Category, Discounted, Full. Rows include Adult, Family, Junior, Senior, Community Services Card Holder, Student, and Corporate.

§ If family membership, please list the other persons involved.

Table with 3 columns: Name, Date of birth (if under 18), Signature. Multiple empty rows for listing family members.

All CAS members receive CASMag, a monthly newsletter. Would you prefer to receive this (please tick):

[ ] by email as a .pdf attachment?

[ ] or by post as a hard copy?

Do you have access to a telescope? What type and size? \_\_\_\_\_

What are your astronomical interests? \_\_\_\_\_

I, the undersigned declare that the information given herein is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposer: \_\_\_\_\_ Seconder: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

By signing this application, the applicant agrees to comply with the Constitution and By-laws of the Canterbury Astronomical Society. A copy of the Constitution may be downloaded from http://www.cas.org.nz/constitution/CAS\_constitution.pdf.