



SUBSCRIPTION RENEWAL

PO BOX 3126, WELLINGTON

www.was.org.nz 2009-2010

Section 1 – Please complete in full

Receipt required

Name:..... Signature:.....

- | | | | | |
|-----------------|--------------------------|----------|--------------------------|--|
| Adult/Waged | <input type="checkbox"/> | \$ 50.00 | <input type="checkbox"/> | Cheque (to Wellington Astronomical Society Inc) |
| Student/Unwaged | <input type="checkbox"/> | \$ 30.00 | <input type="checkbox"/> | Cash - please bring exact amount to meeting |
| Family | <input type="checkbox"/> | \$ 70.00 | <input type="checkbox"/> | Internet Banking: use acct no 03-0502-0508656-00 |
- Give name as reference so WAS knows who paid
-

Section 2 – Contact Detail Changes (complete in full if any changes are required)

Address:.....
.....

Phone:..... Mobile:.....

Email:..... Please email 1. announcements 2. newsletter