



MEMBERSHIP APPLICATION FORM

The Wellington Astronomical Society (WAS) is a friendly and active society involved in promoting astronomy through public outreach events and education in schools.

Members come from a wide variety of backgrounds and professions, from beginners to active researchers in astronomy. We have expertise in many areas of astronomy including **observing** the night, **telescopes**, **astrophotography**, **archeoastronomy**, **occultations**, **variable stars** and **cosmology** ("where did the Universe come from?").

The Society has a permanent observatory and telescopes available for its members to use.

Once a month WAS holds a **star party** where we observe the night sky through our telescopes. The monthly Society **meeting**, held on the 1st Wednesday of every month (except January), is open and free for anyone to attend the talks and presentations so come along and find out more about WAS and meet some new and friendly people.

Please select one of the following membership options:

Please tick

Ordinary Membership	\$50	<input type="checkbox"/>
Unwaged membership (previously Associate Membership) - for full-time students and beneficiaries	\$30	<input type="checkbox"/>
Associate Membership - for those who live 80km+ away from the venues of Society Functions and are unable to regularly participate in Society activities. An associate member shall be entitled to all the privileges of membership except the right to stand for election to council.	\$30	<input type="checkbox"/>
Family Membership (Up to 2 caregivers and dependent children)	\$70	<input type="checkbox"/>
Receive newsletter by post (if left unselected communication is via email only)	+ \$20	<input type="checkbox"/>

Membership year is from 1 September - 31 August. Anyone applying after 1 March pay half the above amounts **Total to be paid:**

Title: Dr / Mr / Mrs / Miss / Ms / Other

Surname: _____ **First Name:** _____

Phone: H: _____ **W:** _____ **M:** _____

Email: _____ **Fax:** _____

Address: _____

Suburb: _____ **Town/city:** _____ **Postcode:** _____

Additional contact details if applying for family membership:

Name: _____ **Name:** _____ **Name:** _____

Contact Number: _____ **Contact Number:** _____ **Contact Number:** _____

Are you happy for your contact details to be made available to other members of the society? **Yes / No**

I, _____ hereby declare that I will pay the sum of \$ _____ into bank account **03-0502-0508656-00** (please put name as reference) to become a member of the Wellington Astronomical Society.

Signed: _____ **Date:** DD / MM / YYYY