

ASTRONOMICAL SOCIETY OF SOUTHERN AFRICA

COUNTRY MEMBERSHIP **NEW APPLICATION or RENEWAL FORM TYPE** New application Renewal **SURNAME** TITLE (Mr, Ms, Dr, etc.) **FIRST NAMES ADDRESS** POSTAL CODE TELEPHONE NUMBER CELL NUMBER **POSTAL ADDRESS** (if different from above) POSTAL CODE **E-MAIL ADDRESS** I hereby agree to abide by the provisions of the Constitution of the Astronomical Society of Southern Africa **SIGNATURE SUBSCRIPTION** Entrance fee (new application only) R (R 50) Membership (full year, July – June) R (R 65) Optional: Donation to ASSA R R (any extras) R Total

Please send this completed form, together with payment advice, to us via one of these channels:

Mail: Membership Secretary, ASSA, PO Box 9, Observatory, 7935

Fax: (021) 447-3639

E-mail: membership@assa.saao.ac.za

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Astronomical Society of Southern Africa Bank: Standard Bank of SA Ltd

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