



# 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:** .....

**POSTAL ADDRESS:** ..... **POSTAL CODE:** .....  
 (If different from above)

**TELEPHONE NUMBER:** ..... **CELL NUMBER:** .....

**E-MAIL ADDRESS:** .....

**SIGNATURE:** ..... **DATE:** .....

*I hereby agree to abide by the provisions of the Constitution of the Astronomical Society of Southern Africa*

**SUBSCRIPTION FEES:**

- Entrance Fee (New Application only: R 50.00)      R .....
- Membership (Full year July – June: R 75.00)      R .....
- Donation to ASSA (Optional):      R .....

**TOTAL OF FEES:**      R .....

**PROOF OF PAYMENT:** Please send completed form, together with a **COPY** of the payment advice, via one of these channels:

- **Postal:**      Membership Secretary, ASSA, PO Box 9, Observatory, 7935
- **E-mail:**      membership@assa.saa.ac.za
- **Fax:**      +27 21 447 3639

**BANKING DETAILS:**

**EFT DEPOSIT:**

**Account:**      Astronomical Society of Southern Africa  
**Bank:**      Standard Bank of SA Ltd  
**Branch:**      Pinelands (Sort Code 03 63 09)  
**Account #:**      276 188 349

**CHEQUE PAYMENT:**

**Payable to:**      ASSA”  
**Cheque Deposit:**      Details as above.