



ASTRONOMICAL SOCIETY OF SOUTHERN AFRICA COUNTRY MEMBERSHIP

Personal Information

Form Type: New Application Renewal

Surname: _____ Title (Mr, Mrs, Dr, etc.): _____

First Names: _____

Physical Address: _____

Postal Code: _____

Telephone Number: _____ Cellular Number: _____

Postal Address: _____

Postal Code: _____

Email 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: R50) _____

Membership (full year, July – June: R100) _____

Your membership fee includes your free Sky Guide

Optional: Donation to ASSA: _____

Total Fees

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Please send this completed “**Membership Application**” form, together with the “**Proof of Payment**”, to us via the following email address: membership@assa.saao.ac.za

Banking details

Account Name: Astronomical Society of Southern Africa

Bank: Standard Bank of SA Ltd

Branch: Pinelands (Branch Code 03 63 09)

Account number: 276 188 349