

Worthing

Astronomical Society

www.worthing-astronomical-society.com

I / We wish to apply for **Full / Family / Junior** Membership of WAS (please delete as appropriate)

Full : Individual membership for persons 16 years of age and over.

Family : Joint membership for two or more persons living at the same address.

Junior : Individual membership for persons under 16 years of age.

Surname

First Name

(If **Family** membership,
please list all members)

Address

Postcode

Telephone

Email

Junior Membership Only **Date of Birth**

Family Membership Only **Number of Adults**

Number of Juniors

Proposed By

(WAS Member Name)

WAS WEBSITE

Signed

Date

Please note that by signing this form, you agree to abide by the terms of the Worthing Astronomical Society Constitution. You also agree for your details to be held on computerised records. These will not be made available to anyone outside the Society. Please advise the Membership Secretary if any of your details change.

Membership fees are renewable on 1st September each year. New members joining after September should pay a pro-rata fee as detailed below:

Please make cheques payable to 'Worthing Astronomical Society' and return completed form, with payment to Peter Wells, Treasurer at the next society meeting.

For Executive Committee Use Only

Date Received _____ Received By _____ Date Approved _____ Fee Paid? _____