

# The Johannesburg Centre of the Astronomical Society of Southern Africa

## Membership Application Form

(1<sup>st</sup> Jul 2018 to 30<sup>th</sup> June 2019)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First names: \_\_\_\_\_

ID: \_\_\_\_\_

Application Date: \_\_\_\_\_

Residential Address:

Postal Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Other, e.g. fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you find  
out about the Jhb \_\_\_\_\_  
Centre of ASSA? \_\_\_\_\_

Membership Fee Structure	
Ordinary member annual subs:	R200
Retirees, students & minors:	R100
Joining fee:	R50

Notes:

1. The subscription period corresponds to the Centre's administrative year, i.e. 1<sup>st</sup> July to 30<sup>th</sup> June.
2. New members pay a once-off joining fee
3. If you join after December, you may take a 50% discount on the membership subscription.

Item	Amount
<b>Annual subs:</b> (See fee structure)	_____
Less: <b>Discount:</b> (If applicable - <i>note 3</i> )	_____
<b>Subtotal:</b>	_____
Plus: <b>Joining fee:</b> ( <i>Note 2</i> )	_____
Plus <b>Donation:</b> (Optional)	_____
<b>Grand Total:</b>	_____

I, the undersigned, hereby apply for membership of the Johannesburg Centre of the Astronomical Society of Southern Africa. I declare that I will, if elected to the membership of the Centre, abide by the provisions of the Constitution of the Society and I will not hold the Society or the Centre nor any of its members liable for any loss or injury sustained either by me, my family or any of my guests while engaged in activities relating to the Centre. I acknowledge that the Society reserves the right to refuse membership without disclosing any reasons.

Applicant's  
Signature: \_\_\_\_\_

(In the case of a Minor, to be countersigned by Parent or Legal Guardian)

**Cheques:** Mark "Not Transferable", make payable to "ASSA Johannesburg Centre"

**Electronic payments & direct deposits:**

Nedbank

Account Number: 1921013761

Branch Code 198765

Account Type: Current Account

Account Name: ASSA Johannesburg Centre

Branch Name: Kempton Park, Festival Mall

*Please remember to include your name as a reference on the deposit slip or with the direct transfer.*

*The completed application form and payment details may be handed to the Membership Secretary in person or sent to him at [norman@atcorp.co.za](mailto:norman@atcorp.co.za) or P. O. Box 412 323, Craighall, 2024.*