



Rosliston Astronomy Group

APPLICATION FOR MEMBERSHIP

Mr/Mrs/Miss* Name

Address

Postcode

Telephone/Mobile

eMail

I, the undersigned, wish to apply to become a Member of the Rosliston Astronomy Group. If accepted as a Member, I agree:

- To be governed by the Group's Constitution
- To pay in full the Annual Membership within eight weeks of its due date each year*
or, for those applying to join mid-year in their first year
To pay the appropriate percentage of the full Annual Membership within eight weeks of my application in my first year, and then the full amount annually from then on.*

I understand

- That I may withdraw from Membership at any time by writing to the Committee, indicating my wish to do so.
- That, by my withdrawal from the Membership, I will relinquish my entitlement to those benefits available to paid-up Members.

Signed Date

*Delete as necessary

Form A 03/2014



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