Latrobe Valley Astronomical Society Inc.

Est 1954 Reg #A0004577W PO Box 459 Moe 3825

Application for Membership

I/We

of

wish to apply for membership of The Latrobe Valley Astronomical Society Inc. In the event of my admission as a member, I/we agree to be bound by the rules and support the purposes of the Society.

Signature(s) of Applicant(s) over 18, or a guardian

Date

Date

Postal Address – required by our rules of association, if different from above

As Above OR Address

Town Post Code

Annual Subscriptions and membership classes

Membership Category	Annual Fee*	
Adult Member 18 years and over	$25	☐
Distant Member > 50km from Churchill PO	$13	☐
Junior Member under 18 years	$13	☐
Full Time Student 18-25 years	$19	☐
Family Membership	$38	☐
	Amount Paid	

* Note if applying Jan-Mar, a 50% discount of the above rates apply to cover the period Jan-June.

Payment may be made by cash at a meeting or by EFT (Bank Transfer or PayID) to:

Bank Transfer: Latrobe Valley Astronomical Society Inc.
BSB: 633000 (Bendigo Bank Ltd)
Account: 53085775

PayID: ABN 23996630085

Contact Details

Contact Information: It is part of the rules of our association that a postal address must be held for all members, and that this is available to all members.

Optional Contact Information. This is helpful, but nor required. Fill in those areas that apply and that you are happy to have made known. You may give the committee limited power ro distribute contact details.

Request - The information may be given to another member in response to a specific request, but will not be printed in a general list.

List - Only members of the committee, and possibly some designated officers, will have access to this information.

Tick the boxes of the least restrictive option that you authorise for each contact method

	Disclosure Options	
	Request	List
Residential Address (as given above)	☐	☐
Email	☐	☐
Phone	☐	☐

Please return completed form to info@lvastro.org