

Scenic Rim Astronomy Association Inc. New Membership Application

Name:						
Residential Address:						Postcode:
Postal Address:				Postcode:		
Home Phone:				Mobile:		
Email:						
Status Requested: □ Member □ Associate □ Junior □ Family Names if Family →						
I Hereby apply for Membership of Scenic Rim Astronomy Association Inc. and agree to abide by its Rules and Bylaws.						
Signature:			Date:	/	/	
Scenic Rim Astronomy Association Inc. IA39087 Website sraa.org.au Facebook fb.com/ScenicRimAstronomyAssociation/ Emails secretary@sraa.org.au president@sraa.org.au treasurer@sraa.org.au				iation/	To Pay Membership Fees EFT Payment Acc Name: Scenic Rim Astronomy Association BSB: 084004 Acc No: 317489836	
Phone Location	0431 436 500PaOld Laravale SchoolPa77 Christmas Creek Road,SoLaravale QLD 4285or				PayPal Pay Scan the QF or click the i Enter in the	R Code
Membership Fees Full Member Family		Month Jun-Aug \$22.50 \$37.50	Sep-Nov	\$7.50	amount and your Name i "Note" field a reference	enter n the
Junio	r (Under 18):	\$5 Ass	ociate: \$5		Cash Paym Cash Paym	ent ents for Membership Fees
Concession Fees Full Member Family	Mar-May \$25 \$40	\$18.75 \$30 fees are fo ernment Iss	Sep-Nov \$12.50 \$20 r those who ued Seniors	\$6.25 \$10 hold	can be made in person at the Club on any Meeting or Viewing Night	
Office Use Only Application presented to Executive Meeting dated/						
□ Accepted □ Rejected Signed: President/Secretary Notes:						