

Ballaarat Astronomical Society Inc., P.O. Box 284. BALLARAT, Victoria, 3353, Australia

 ${\bf Email:} \ \underline{bas@ballaratobservatory.org.au} \ \ \ {\bf Website:} \ \underline{https://ballaratobservatory.org.au}$

Inc No A0015932N ABN 45 603 034 065

Application for SCHOOL ASSOCIATE Membership

School Name:	
Contact Person Name:	
Postal Address:	
E-mail Address:	
School Phone:Optional Conta	act Mobile:
New Member: □	Previous Member: □
As a SCHOOL ASSOCIATE MEMBER of the Society, you are entitled to 3 x Class of Students visits per year. Additional visits for Students per year cost 50% current fee.	
The Oddie-Baker Bulletin and other BAS notific other Society's publications.	rations are sent electronically as well as
I, the undersigned, apply to become a SCHOOL ASSOCIATE MEMBER of the Ballaarat Astronomical Society. I agree to accept and abide by the Constitution, Policies, Safety Procedures of the Society and By-Laws a copy of which is available online on the Society Page http://ballaratobservatory.org.au/members-2 or a hard copy at the Observatory.	
Signed:(Sch	nool Representative) Date:
Position:	
FEES	\$330.00
Payment can be by cash (in person), Cheque or Astronomical Society) or via Direct Debit to Baname: Ballaarat Astronomical Society Inc. BSB: 063 507, Acc Number: 1005 6172, Reference and Add your membership number if you are alm Send a confirmation of payment email to bas@b	ank: Commonwealth Bank of Australia, Accence: "Your Name/Number of Members eg JSmith3 eady a member.
Receipt number:	Membership No:
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(Secretary use only)

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