Scenic Rim Astronomy Association Inc. New Membership Application

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Name:							SRAA		
Residential Address:						Postcode:			
Postal Address:					Postcode:				
Home Phone: Mobi					ile:				
Email:									
Status Requested: ☐ Member ☐ Associate ☐ Junior ☐ Family Names if Family →									
I Hereby apply for by its Rules and		hip of	Scenic Rim Ast	ronom	y Association	Inc. and agree to	o abide		
Signature:			Date:	/_	/	. <u></u>			
Telescopes or Equipment Owned:									
Areas of Astrono	mical Interest	:							
Scenic Rim Astron Website Facebook Emails	nomy Association Inc. IA39087 sraa.org.au fb.com/ScenicRimAstronomyAssociation/ secretary@sraa.org.au president@sraa.org.au treasurer@sraa.org.au 0431 436 500 Old Laravale School 77 Christmas Creek Road, Laravale QLD 4285				To Pay Membership Fees EFT Payment Acc Name: Scenic Rim Astronomy Association BSB: 084004 Acc No: 317489836 Reference: Please use your name Cash Payment Cash Payment Cash Payments for Membership Fees can be made in person at the Club on any Meeting or Viewing Night				
Phone Location									
Membership Fees	s Jan-Jun		onth Joined		any meening	, c. 1.cgg			
Full Member Family	\$35.00 \$60.00	\$17. \$30.	.50						
Junior (Ur	nder 18): \$10.	00	Associate: \$10.0	00					
Concession Fees Full Member Family	Jan-Jun \$30.00 \$50.00 Concession	Jul-E \$15. \$25. In fees a Ternme	.00 .00 are for those who nt Issued Seniors						
Office Use Only Application presented to Executive Meeting dated/									
☐ Accepted ☐ Rejected Signed:						etary	2025		