

# SWANSEA ASTRONOMICAL SOCIETY

## MEMBERSHIP APPLICATION FORM

(Please print)

Title .....  
NAME:- .....  
ADDRESS:- .....  
.....  
POST CODE:- ..... TEL. No. ....  
E-MAIL:- .....

As a member of the Swansea Astronomical Society, I agree to abide by the rules of the

Society as set out in its constitution. Signed :-.....  
I enclose cash / cheque (made payable to Swansea Astronomical Society) for  
The sum of £..... for .....Type Membership\*

\* **Membership Types:-** **Waged (W)** = £18.00 : **Unwaged (U)** = £12.00  
**Full Time Students over 18 (S)** = £12.00  
**Member + Partner** : **Waged (PW)** = £25 ; **Unwaged (PU)** = £20  
**Family Membership** (Parents with Children Aged 9 to 18 or in Full Time Education :  
N.B. Children under the age of 18 **MUST** be accompanied by one of their parents at  
Society meetings.  
**Waged (FW)** = £28 ; **Unwaged (FU)** = £20

**Completed Application Forms** should be sent to the Membership Secretary:-  
Mr J.E.Collins, 30, Cherry Grove, Sketty, Swansea. SA2 8AT. Tel :- (01792) 208384  
E-mail : j.collins10@sky.com

**Swansea Astronomical Society Website : [swanastro.org.uk](http://swanastro.org.uk)**

### SWANSEA ASTRONOMICAL SOCIETY

#### GIFT AID DECLARATION

#### REGISTERED CHARITY NO 517700

I want The Swansea Astronomical Society to treat any donation  
that I make from the date of this declaration, as  
GIFT AID DONATIONS, until I notify them otherwise.

Name ..... Address .....  
..... Post Code .....  
Signed ..... Date .....

By Signing this form I confirm that I am paying an amount of income tax and/or  
capital gains tax at least equal to the tax that The Swansea Astronomical  
Society will reclaim on my donations in the tax year. The Swansea Astronomical  
Society will, upon request cancel this declaration.