



**Membership Application Form**

First Name: ..... Surname: .....  
Address: .....  
Suburb: ..... Post Code: .....  
Telephone: ..... Mobile: .....  
Email: .....  
Profession: .....  
Specific Interest (if any): .....

TAG website login details if known:.....  
(Please register and advise your details to gain full access)

Membership Class: Ordinary  (\$30) Family  (\$50)  
Additional Names for Family Membership:  
1.....  
2.....  
3.....

I have read the rules of the Group and accept and agree to comply with these rules.

Signed: ..... Date:.....

I request an authority to use a laser within the guidelines published on the Group website. Yes  No

Signed..... Date: .....

Committee Use Only

Nominated by: ..... Seconded by: .....  
Accepted unopposed: Yes/No Date: .....  
Membership Fee received: Yes/No Date: .....  
Laser Registration Number: .....

***Please sign and either submit in person or send scanned copy to  
admin@astronomytsv.org.au***