



MEMBERSHIP APPLICATION FORM

Full Name: _____

Postal Address: _____

Physical Address: _____

Omang/ID/Registration: _____

Email: _____

Phone: _____

If you are interested in participating in one of the ASB committees, please tick the appropriate box:

☐ Outreach events ☐ Social Events ☐ Public talks ☐ Logistics ☐ Fundraising

<u>MEMBERSHIP CATEGORY? Tick one:</u>	<u>PAYMENT METHOD:</u>
Membership year is from 1 st April to 31 st March	
<input type="checkbox"/> Student P50	<input type="checkbox"/> Cheque, in favor of ASTRONOMICAL SOCIETY OF BOTSWANA
<input type="checkbox"/> Ordinary P150	<input type="checkbox"/> EFT: ASTRONOMICAL SOCIETY OF BOTSWANA, Bank of Baroda, Main Mall Branch, Bank Code: 110167 A/c 5210100011740
<input type="checkbox"/> Family P200	
<input type="checkbox"/> Life P2500	
<input type="checkbox"/> Corporate P2500	<input type="checkbox"/> Cash

Please complete this form & return to:

ASB Treasurer – David Slater
Email: j.david.slater@gmail.com
Postal address: P O Box 2331 AAD, Poso House, Gaborone
Tel: +267 72402668

Signature: _____ Date: _____