

**SWINDON STARGAZERS
MEMBERSHIP APPLICATION**

TITLE DATE.....
CHRISTIAN NAME
SURNAME.....DOB

ADDRESS LINE 1

ADDRESS LINE 2

TOWN

POSTCODE

CONTACT DETAILS

TELEPHONE NUMBERS

HOME

MOBILE

EMAIL ADDRESS

EMERGENCY CONTACT NUMBER IF DIFFERENT FROM
ABOVE.....

DISABILITY YES/ NO

BRIEF DETAILS

.....

.....

TICK ONE

NOVICE INTERMEDIATE EXPERIENCED PROFESSIONAL

SPECIFIC INTERESTS

.....

.....

OTHER INFORMATION