

**SWINDON STARGAZERS
MEMBERSHIP APPLICATION**

TITLE DATE.....
FIRST NAME
SURNAME.....

ADDRESS LINE 1

ADDRESS LINE 2

TOWN

POSTCODE

CONTACT DETAILS

TELEPHONE NUMBERS

HOME

MOBILE

EMAIL ADDRESS

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

.....
.....
.....

TICK ONE

NOVICE INTERMEDIATE EXPERIENCED PROFESSIONAL

SPECIFIC INTERESTS

.....
.....

OTHER INFORMATION