

MEMBERSHIP APPLICATION FORM

FEDERATION OF AUSTRALIAN ASTROLOGERS (Inc.)

ESTABLISHED IN 1971

NAME.....

ADDRESS.....

..... POSTCODE.....



(H)..... W.....

(Email).....

Birth Details (Optional):

Date.....Time.....AM/PM

Place.....

ANNUAL SUBSCRIPTION:

Note: All fees are due on the 1st of April each year



Please tick appropriate box:

☐\$70 Ordinary Membership (Under 65 years)
Email ONLY version of the Quarterly FAA Journal

☐\$90 Ordinary Membership (Under 65 years)
PRINTED version of the Quarterly FAA Journal

☐ \$50 Concession (65+ And Healthcare Card Holders)
Email ONLY Version of the Quarterly FAA Journal

☐\$65 Concession (65+ and Healthcare Card Holders)
PRINTED version of the Quarterly FAA Journal

Payment:

Please pay directly into our FAAWA Inc account:

Bank: P&N Bank

Account name: FAAWA Inc.

BSB: 806015

Account number: 02136277

Reference: your surname.

Referring Member (if Applicable).....

Signed.....

DATED:.....

(I agree to abide by the FAA Inc Code of Ethics, copy of which is in my possession

(Please retain attached copy)

Email completed form to the FAAWA Secretary: mariejoe@bigpond.com