The Astronomical Society of Singapore
c/o Astro Scientific Centre Pte Ltd
21 Jurong Town Hall Rd.,
Science Centre Singapore,
Singapore 609433
Tel: 6567 4163 Fax: 6567 4826
Website: http://www.tasos.org.sg E-mail:tasos@tasos.org.sg

TASOS MEMBERSHIP FORM

☐ *Please tick accordingly*

TYPE OF MEMBERSHIP:	☐ Ordinary ☐ Junior * ☐ Affiliate ☐ Corporate
FULL NAME: Mr./Ms./Mdm./Dr. **NRIC/PP NO**:	☐ New Member ☐ Renewal (*please indicate membership No. below*) _____

* Any person who is below 18 years of age.

PERSONAL PARTICULARS	*To be completed for all new membership applications or if there are changes to particulars of current members at time of renewal*		
Citizenship:	Date of birth:	☐ Male	☐ Female
Occupational Status:	☐ Student * ☐ Others (*Please specify*):		
Correspondence Address			
Email address: ***Note***: *Most communication with members will be by email. Please write address clearly and advise TASOS when address is changed.*	Home Tel:	Mobile/Office Tel:	

PAYMENT	**Renewal**			**New Membership**		
	1 year	*2 years*	*3 years*	*Entrance*	*Subscription*#	*Total*
Ordinary	☐ $48	☐ $96	☐ $144	☐ $50	☐ $4 per month	$
Junior	☐ $24	☐ $48	☐ $72	☐ $50	☐ $2 per month	$
Affiliate	☐ $36	☐ $72	☐ $108	☐ $50	☐ $3 per month	$
Corporate	☐ $240	☐ $480	☐ $720	☐ $240	☐ $20 per month	$

#*Subscription calculated per completed month up to Dec. of year. Make cheque payable to "The Astronomical Society of Singapore"*

_____   _____

Signature of applicant/member   Date

FOR OFFICIAL USE ONLY

This form and payment of $_____(cash/cq: _____) received on: _____by: _____ (Name) on behalf of TASOS Signature: Date:	☐ Payment processed by Treasurer on: _____ ☐ Membership list updated on: _____

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Section to be given to Applicant/Member in acknowledgement

Application/renewal form together with payment of $_____ (cash/cq: _____) is received on behalf of TASOS by:

Name: Signature: Date: