

**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