



FRIEND OF CAASTRO MEMBERSHIP FORM

The ARC Centre of Excellence for All-sky Astrophysics (CAASTRO) aims to establish Australia as the world leader in the emerging discipline of wide-field astronomy. We are delighted to receive your application for membership as a **Friend of CAASTRO**.

Your Details

Title: Mr, Mrs, Ms, Miss, Master(circle) or other: _____

Given Name: _____ Surname: _____

Address: _____ Suburb: _____ State: _____ Post Code: _____

Country: _____

Telephone: Home _____ Work _____ Mob/Cell _____

Date of Birth: ____ / ____ / ____ (if under 18 years) Email: _____

Do you identify with any cultural group? Yes / No Please specify: _____

Occupation (if applicable): _____

I'm interested in being a friend of CAASTRO because: _____

Privacy Policy

Your personal information will only be used for the purposes for which it was collected, or as otherwise permitted by law and we respect your right to determine how your personal information is used or disclosed.

By signing below, you (or in your role as a carer/guardian) are consenting, that on obtaining personal information it may be used or disclosed by the practice for the following purposes: yo receive regular e-newsletters from CAASTRO; to receive invitations and marketing material from CAASTRO; and to receive other Astronomy information that is considered relevant. At all times, we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

I, _____ give my permission for my personal information to be collected, used and disclosed as described above. I understand only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict at anytime by notifying CAASTRO in writing.

Signature: _____ Date: ____/____/____