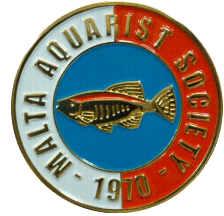


Malta Aquarist Society

Store 21, Mount Carmel Hospital, Attard



MEMBERSHIP FORM

Name & Surname:		Date of Birth: / /	
Special Health Notes (that leaders should be aware of, such as asthma, epilepsy, diets, medications etc.) _____			
Address:			
Locality :		Postcode:	
Home tel:	Mobile:	E-mail:	
Interests: _____			
I realize that the Malta Aquarist Society is not just a club but another family where we meet, discuss and learn and that we may be asked to support the committee from time to time.			
Would you like to help in the club?			
Photo/ Banners editing	Social activities	Maintenance	
Others: _____			
How did you get to know about the Malta Aquarist Society? If from a member, write down his name. _____			
Other details we need to know about you: _____			
New member: <input type="checkbox"/>	Renewal: <input type="checkbox"/>		
Newsletter by post: <input type="checkbox"/>	Newsletter by email <input type="checkbox"/>		
Member's signature:	Yearly Junior membership fee (up to 15 years): €6 <input type="checkbox"/> Yearly Senior membership fee (16 years and over): €15 <input type="checkbox"/>		
If sending a cheque, make it payable to Ghaqda tat-Trobbija tal-Hut and send to Malta Aquarist Society, Store 21, Mount Carmel Hospital, Attard.			
Ask for your membership card when returning this form.			
Date:	President's signature:		