APPLICATION FORM FOR MEMBERSHIP

TO THE HELLENIC ASTRONOMICAL SOCIETY

Dear Mr. President,

Herewith, I submit my application to become

* 􀀀 **Ordinary member of HEL.A.S.**

I obtained my doctoral degree in . . . . . . from the University of . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

* **Junior member of HEL.A.S.**

I am . . . . . . years old (less than 35) and I am a PhD student at . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

My Adviser is ...................................................... Adviser’s signature . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

* 􀀀 **Associate member of HEL.A.S.**

My application is based on the following reasons, in accordance with article 2g, chapter II of the HEL.A.S. Constitution . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Family Name of applicant . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

First name ............................................................... Middle name . . . . . . . . . .

Office address ................................................................................................ .....................................................................................................................

.....................................................................................................................

Tel. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Fax . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

E-mail . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Home address ............................................................... ................................

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Tel. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Place/ Date ……………………………………… Signature ………………………………………

**Supporting Ordinary Hel.A.S. Members**

1) Name ..................................................................... Signature . . . . . . . . . . .

2) Name ..................................................................... Signature . . . . . . . . . . .