

**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 . . . . .  
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.....

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

I am . . . . . years old (less than 35) and I am a Graduate 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 . . . . .  
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Family Name of applicant . . . . .  
First name ..... Middle name . . . . .

Office address .....  
.....  
.....  
Tel. . . . .  
Fax . . . . .  
E-mail . . . . .

Home address .....  
.....  
Tel. . . . .

Place/ Date ..... Signature .....

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

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

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

**Complete this form and send by mail or fax to the Secretary of Hel.A.S.**