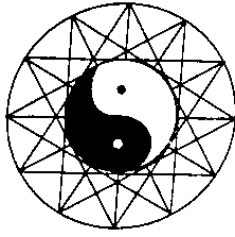


# CORRESPONDENCE COURSE APPLICATION FORM



## ASTRO★SYNTHESIS

The Chiron Centre  
 PO Box 407  
 KEW, Victoria 3101  
 Australia

(61-3) 9415 0315

mail: [AstroSynthesis@bigpond.com](mailto:AstroSynthesis@bigpond.com)

### 1. PERSONAL DETAILS

Birth details (optional): Date _____ Time _____ AM/PM Place (Town & Country) _____
--

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Email \_\_\_\_\_

Please indicate your preference:  CERTIFICATE IN APPLIED ASTROLOGY OR  INTEREST

ONLY

CD'S OR  CASSETTE TAPES

### 2. INTEREST ONLY

Enclosed is \_\_\_\_\_ (\$205.00 for first term or \$695.00 for full year) to commence the:

1<sup>st</sup> Year OR  2ndYear Correspondence Course

#### Method of Payment:

Cash  Cheque  B/Card  M/Card  Visa

Card No:

Signature \_\_\_\_\_ Expiry Date \_\_\_\_\_

#### CERTIFICATE OF APPLIED ASTROLOGY

Enclosed is \$250.00 to commence the First Year

#### Method of Payment:

Cash  Cheque  B/Card  M/Card  Visa

Card No:

Signature \_\_\_\_\_ Expiry Date \_\_\_\_\_

**IF REGISTERING FOR CERTIFICATE IN APPLIED ASTROLOGY CONTINUE WITH SECTIONS 3 & 4**

### 3. PREVIOUS ASTROLOGICAL STUDY

Year	Name of Course	Facilitator/Educator	Duration

**4. MOTIVATION FOR PARTICIPATION IN THE CERTIFICATE IN APPLIED ASTROLOGY**

Please write (or type) up to 500 words (minimum 250) outlining why you would like to participate in this certificate. Attach this to your application.