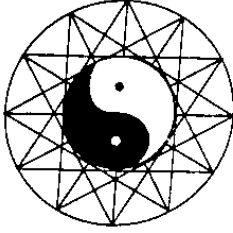


# CORRESPONDENCE COURSE      APPLICATION FORM



## ASTRO★SYNTHESIS

The Chiron Centre  
PO Box 407  
KEW, Victoria 3101  
Australia  
(03) 8415-0315

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

### 1. PERSONAL DETAILS

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

Address \_\_\_\_\_

Postcode \_\_\_\_\_

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

Please indicate your preference:  CERTIFICATE IN APPLIED ASTROLOGY OR  
 INTEREST ONLY

### 2. INTEREST ONLY

Enclosed is \_\_\_\_\_ (\$195.00 for one term; \$695.00 for full year; \$1250.00 for complete course)

*If ordering one unit only, please indicate which unit you prefer* \_\_\_\_\_

**Method of Payment:**

Cash  Cheque  M/Card  Visa

Card No: \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

### CERTIFICATE OF APPLIED ASTROLOGY

Enclosed is \$250.00 to commence the First Year

**Method of Payment:**

Cash  Cheque  M/Card  Visa

Card No: \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

**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.

*Thank you for your application*