

## BAS Member Agreement and Application for 3-Year Laser Safety Certification

Full Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Current RESIDENTIAL Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

I agree that, as a member of Brisbane Astronomical Society, I will abide by the BAS policy for the safe operation of laser pointers.

I indicate here whether I have completed the BAS Laser Safety Training Lecture.

(Circle one) YES / NO If Yes, date completed \_\_\_\_/\_\_\_\_/\_\_\_\_

I indicate here that I have read and understand the Laser Safety Training Guide.

(Circle one) YES / NO If Yes, date completed \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand my legal and safety obligations of owning and using a laser pointer.

I understand my use of laser pointers at non-BAS events is my sole responsibility.

I understand that my personal details may be provided to Queensland Police for the purposes of background checks to be completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: laser@bas.asn.au

Or in person to the President at any BAS meeting.

Office Use ONLY:

Laser Certification Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date This Certification will Expire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_