



## Cleveland and Darlington Astronomical Society

### Application for Membership

I/We wish to apply for **Full/Family/Student** Membership of CaDAS (delete as appropriate).

**Full:** Adult membership for persons over 18 years  
**Family:** Joint membership for two or more persons living at the same address  
**Student:** Individual membership for persons under 18 years of age or in full time education

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_  
 (if **Family** membership  
 Please list all members)

**Address** \_\_\_\_\_  
 \_\_\_\_\_

**Postcode** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**To help us understand how best advertise ourselves, please could you tell us know how you became aware of CaDAS?**

Please note that by signing this form, you agree to abide by the terms of the CaDAS Constitution. You also agree for your details to be held on computerized records. These will not be made available to anyone outside the Society. Please advise the Treasurer of any changes to your details.

Membership fees are renewable on 1st January each year. New members joining from September will have a reduced subscription for that year to £5.

Membership fees: **Full £ 12** **Family £20** **Student £8**

Please make cheques payable to 'Cleveland & Darlington Astronomical Society' and return completed form, with payment, to:

Sue Barnes CaDAS Treasurer  
 6 Helmsley Way  
 Northallerton  
 North Yorkshire DL7 8SP