

Cleveland and Darlington Astronomical Society

Membership Application

Personal Details

Please complete	your personal details	below		
Title:	First Name:		Surname:	
Address:			Home Phone: Mobile Phone:	
			Email:	
Postcode:				
Names of addit	cional members:			
members. Information w We will not pa For further in	vill be held in line vass on your inform formation contact	nomical Society (CaDAS) will with our Data Protection Polination to anyone else or use in our Data Protection Officer are	cy (Available on request). It for any other purpose. at Info@cadas-astro.org.	<u>uk</u>
 (Please select Membership Type) □ Full Individual Membership for a person over 18 □ Family Joint membership for two or more persons living at the same address □ Student Individual Membership for person under 18 or in full time education 				£12.00 £20.00 £8.00
I enclose a ch	eque made payab	le to Cleveland and Darlingto	n Astronomical Society fo	or £
Signed:		Date: /	/	
Please com CaDAS Men 20 Westacr Middleton S	nbership es,	and return it with your i	membership fee to:	

Darlington, DL2 1LJ