



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** _____

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 £ .

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, 77 Winton Road, Northallerton, North Yorkshire, DL6 1RG