

Cleveland and Darlington Astronomical Society

Membership Application

Personal Details

Please complete your p	personal details below	
Title: Firs	st Name:	Surname:
Address:		Home Phone: Mobile Phone:
		Email:
Postcode:		
Names of additional r (Family membership		
members. Information will be We will not pass on	ngton ty (CaDAS) will retain the above informati held in line with our Data Protection Pol your information to anyone else or use i ation contact our Data Protection Officer	licy (Available on request). it for any other purpose.
Society. (Please sel	ly for membership of Cleveland and Dai lect Membership Type) idual Membership for one person membership for two or more persons li	£15.00
I enclose a cheque i	made payable to Cleveland and Darlingto	on Astronomical Society for £
Signed <u>:</u>	Date <u>:</u> /	<u>/</u>

Please complete this form and return it with your membership fee to: CaDAS Membership 20 Westacres, Middleton St George, Darlington, DL2 1LJ