



**AVAILABLE IN LARGER PRINT
ON REQUEST.**

MEMBERSHIP APPLICATION FORM

The North Devon Astronomical Society (NDAS) welcomes new members from all walks of life and any age, gender, creed or ethnic persuasion. Those interested in joining us are invited to attend two of our monthly meetings without obligation to join or make any kind of payment before making the decision to join the society. A member may invite one close relative to take out Associate Membership for a lower membership fee (this is free at present), Associate Members enjoy all the facilities of the society, with the sole exception that they are not entitled to vote at any meeting.

Junior members must always be accompanied by a parent, or guardian, to any meeting or event.

PLEASE NOTE: We require each member to give the name and telephone details of a contact in case of an emergency arising at a meeting or event.

If you do decide to take out membership with NDAS please enter your details below.

MEMBERSHIP DETAILS	
SURNAME	
FORENAME(S)	
ADDRESS	
POSTCODE	
TELEPHONE NUMBER	
MOBILE PHONE	
EMAIL ADDRESS	
EMERGENCY CONTACT	
NAME	
PHONE NUMBER	

TYPE OF MEMBERSHIP		
CATEGORY	TICK HERE	COST PER ANNUM
FULL MEMBER		£25
JUNIOR MEMBER (Under 16yrs)		£12.50
FULL TIME STUDENT		£12.50
ASSOCIATE MEMBER		FREE

CONSENT		
TICK HERE		I consent to the NDAS storing the above information in accordance with their privacy policy.
TICK HERE		From time to time we may wish to contact you via email or text regarding future events or observing sessions. Please tick the box if you wish to receive these communications

SIGNATURE.....

DATE.....

For Junior Members (under 16 years), a parent, or guardian must sign on their behalf.

METHOD OF PAYMENT

BACS

☐

CASH

☐

PLEASE TURN OVER

PHOTO AGREEMENT FORM. (PLEASE DELETE AS NECESSARY)

I hereby GIVE permission/ DO NOT give permission for photos and/or video to be taken of myself during North Devon Astronomical Society events and related events to be used solely for the purposes of North Devon Astronomical Society promotional material and publications.

NAME..... SIGNATURE..... DATE.....

FIRST AID/DBS

During meetings or when giving a public presentation or demonstration, it is always possible for accidents or medical matters to arise. Additionally, we are occasionally asked to give presentations to minors. For this reason, we ask if you have either of the following:

Do you have a current First Aid Certificate? Tick if Yes ☐

Do you have a current DBS? Tick if Yes ☐