



Crayford Manor House Astronomical Society Dartford



MEMBERSHIP APPLICATION FORM

DATA PROTECTION	The information you provide on the form will be held securely on CMHASD's database and will be processed in accordance with the General Data Protection Regulation and 2018 Data Protection Bill. CMHASD will not disclose any personal or confidential information you provide unless required to do so by law.		
Title (please circle)	Mr Mrs Miss Ms Dr Other - please state:		
Name (block capitals)			
Address (please print)			
<i>County</i>			
<i>Postcode</i>			
Telephone			
Email (please print)			
To be added to the members' email group (your email address will not be disclosed to others) please tick box <input type="checkbox"/>			
Membership Type (tick box)	<input type="checkbox"/>	Full	<i>(Please see website for subscription rates)</i>
	<input type="checkbox"/>	Remote	
	<input type="checkbox"/>	Basic	
	<input type="checkbox"/>	Student	per annum (please provide evidence of studentship)
	<input type="checkbox"/>	Junior	
Please rate your level of astronomy knowledge in this box from 1 = Beginner to 10 = Advanced <input type="text"/>			
Are you a member of the British Astronomical Association? (please circle)			Yes / No
Please provided the name(s) of any other astronomical organisation of which you are a member			
How did you hear about CMHASD?			
Please explain why you wish to join the Society, your level of experience in astronomy and what you hope to gain from being a member.			
I have read the constitution, especially about being a member of CMHASD, and understand that my election is dependent upon the approval of the Trustees.			
Signed:		Date:	