



Stornoway Astronomical Society Membership Application Form

Name(s): _____

Telephone: _____

E-mail address: _____

Please note that the Society's principle method of contact is via e-mail. If you don't have an e-mail address, or wish to receive information by post anyway, please enter your address below. Otherwise this information is entirely optional.

Address: _____

Please indicate the membership(s) required:

Adult £20 _____ senior citizen (65 and over) £10 _____ under-16 £5 _____

Family Membership £25 _____

If you wish to donate an additional sum, please enter the amount here: £ _____

Data Protection consent:

The information above will only be used by the Society for the purposes of administration and for contacting members with relevant Society information (e.g. meetings dates or information on Society events).

I am willing for the S.A.S. to keep my details (yes/no): _____

Member Declaration:

I hereby signify that I agree to be governed by the Constitution of the Stornoway Astronomical Society in its present or future form, until such time as I indicate to the Society either in writing or by non-renewal of annual membership that I wish to discontinue my membership.

Signed: _____ Date: ___/___/___

Please note, for under-16s this form must be signed by a parent/legal guardian.

Completed membership application forms along with the relevant fee should be passed to our treasurer or membership secretary at any meeting of the Society.

WebSite: <http://www.stornowayastro.org>