



Membership Application Form (23-24)

Date: _____

If you would like to become a member, donate or be placed on our free event mailing list please complete your details below and send to: The Treasurer, Sunderland Astronomical Society, c/o WWT Washington Wetlands Centre, Pattinson, Washington, Tyne & Wear. NE38 8LE.

Please Complete In Clear Printed Text (for family membership include all relevant family members)

Full Name(s) _____

Address _____

Tel. Number: _____ Whats' App Alert opt IN

Please confirm if you wish to join our SAS email mailing list & be kept up to date when society observing sessions, events and visits are taking place.

Email Address _____ Email Alert opt OUT

Sunderland Astronomical Society is open and active all year round. Membership runs from 1st September to 31st August and pro-rata fees are payable when joining part way through the membership year, your membership also provides Public/Products Liability Insurance (PPLI) cover for paid up members at our society events.

Payment should be made to **Sunderland Astronomical Society, 60-22-52 82766665**
Concessionary fees apply to Senior (>66) / Unemployed / Students / Junior (<18)

Membership Fee Scale	Sep-Nov		Dec-Feb		Mar-May		Jun-Aug	
Single Membership (Adult)	£20.00		£15.00		£10.00		£5.00	
Single Membership (Concession)	£15.00		£10.75		£7.50		£3.25	
Family Membership (2 Adult + Children)	£30,00		£22.50		£15.00		£7.50	

Method of Payment (please delete those not applicable) Cash / Cheque / Card / Bank Transfer

Donations

If you have made a donation to the society, please advise how much. £_____

Gift Aid Declaration: (If you are a U.K. taxpayer please consider signing the Gift Aid Declaration below. This enables the Society to **reclaim tax** on your membership fee or donation)

I wish Sunderland Astronomical Society to treat all donations I have made for the 6 years prior to this year and all donations, I make from this date until I notify them otherwise as Gift Aid Donations.

Signed:

Please confirm the following if appropriate for our society records (all information will be kept in strict confidence):

Age Range:

<16		17-25		25-69		60+	
-----	--	-------	--	-------	--	-----	--

Do you consider yourself to have a disability: Yes No

Do you have any special needs or accessibility requirements: _____

SAS General Data Protection Regulation (GDPR) Membership Data Consent.

The information you provide in this form will be used solely for dealing with you as a member of the SAS.

To give your consent please sign below:

Signed:

The SAS has a Data Privacy Policy which can be found at: [SAS Privacy-Policy](#) Your data will be stored and only used in accordance with this privacy policy. If at any time you wish to withdraw your consent for any of the above, please email us via our [Contact Form](#).

Remember you do **not** have to own a telescope to become a member or attend any of our events!