

Orpington Astronomical Society

Membership Form

I wish to become a member of the Orpington Astronomical Society. If my application is accepted by the Committee, I undertake to abide by the Society's Constitution, Child Protection and Data Protection Policies available on the Orpington Astronomical Society Website, which I have read and understood.

(Please use BLO	CK CAPITALS)
Full name:	
Address:	
	Postcode:
Email:	
Home tel. no:	Mobile tel. no.:
Date of birth if u	nder 18:
Signature of par	ent or guardian:
Signed:	Date:
data and contact	Orpington Astronomical Society keeping my personal ting me in order to carry out its activities according to its otection Policy. Please tick the box if you agree.
we can reclaim 2	stronomical Society is a Registered Charity. If you are a UK taxpayer 8p for every £1 on your subscription from HMRC. This will not cost at will increase OAS income and help with the costs of running the
Are you eligible a	nd willing for the Treasurer to reclaim this, Yes or No?
Official Use:	
Membership paid	: £ Membership no.:
Signed:	Date:

Registered charity no. 289661