

MEMBERSHIP APPLICATION FORM

Tel: 01623 552276 (answer phone)
Website: www.sherwood-observatory.org.uk
Email: secretary@sherwood-observatory.org.uk



For Society Use Only:
Membership Number

ALL APPLICATIONS ARE SUBJECT TO APPROVAL - PLEASE DO NOT SEND PAYMENT UNTIL MEMBERSHIP HAS BEEN CONFIRMED
PLEASE COMPLETE SECTIONS 1, 2, 4 and 5 (and *if applicable* section 3)

Section 1 - Applicant Details

Title and Full Name _____

Address _____

Post Code _____ Tel. No. (including code) _____

Preferred Name (Known As) _____ Mobile No. _____

Email Address _____

Have you been a member of Mansfield and Sutton Astronomical Society before? Yes / No

General Data Protection Regulation - Are you happy for MSAS to hold all this information in both paper and electronic form in order for designated committee members to contact you when required? Yes / No

Our GDPR policy is available on request or can be seen on our website www.sherwood-observatory.org.uk.

Section 2 - Membership Type (✓ appropriate box)

Full (18 years and above) <input type="checkbox"/>	See overleaf for Membership Fees and Payment Options.
Junior (16 - 17 years old) <input type="checkbox"/>	Applicants under 16 years old can only be accepted within a FAMILY MEMBERSHIP and must be accompanied at all times by a parent/guardian.
Family* Adult <input type="checkbox"/> Junior <input type="checkbox"/>	Family Membership consists of at least one Adult at least 18 years of age and at least one person under 18 years of age. Each Adult pays the full rate and each Junior will be charged at ² / ₃ of the ordinary Junior rate.

* EACH Family applicant must complete a separate form

Section 3 - For Junior Membership applicants: 16 - 17 years of age

Applicants between the ages of 16 and 17 years do not have to be accompanied. However, your Parent/Guardian must approve this application by signing and dating below:-

I (name) _____ Parent/Guardian of _____

approve of this application to your society and unaccompanied participation in any society activities.

Signature _____ Date _____

Section 4 - GiftAid

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Use GiftAid and you can make your membership fees worth more. For every pound you give us, we can claim an extra 25 pence from the Inland Revenue. This means that every £10.00 of subscriptions can be turned into £12.50, just as long as your subscriptions are made through GiftAid.*

* To qualify for GiftAid, you must pay an amount of Income Tax and/or Capital gains tax at least equal to the tax that the charity reclaims on your annual subscription in the tax year (currently 25p for each £1 you give)

I wish to pay my annual subscriptions to Mansfield and Sutton Astronomical Society by GiftAid - Yes / No

Section 5 - Declaration

I wish to apply for membership to the Mansfield and Sutton Astronomical Society and agree to abide by the rules of the society. Until my MSAS subscription is paid, I understand that the Society is not obliged to provide accommodation or facilities for my benefit.

Signature _____ Date _____

On completion, please return this form to:
The Secretary, Sherwood Observatory, Coxmoor Road, Sutton in Ashfield, Notts NG17 5LF
Or email to our Secretary at secretary@sherwood-observatory.org.uk

For Society Use Only:
Application Received / / Approved / / Paid / / Database Completed / /

Membership Fees

(with effect from 1st April 2015)

Annual Fees

Full Membership - £48.00

Junior Membership - £24.00

Family Membership - £48.00 per adult plus £16.00 per junior

Pro Rata Monthly Breakdown

Month	Full	Junior	Family (per Adult)	Family (per Junior)
April May June	£48.00	£24.00	£48.00	£16.00
July August September	£36.00	£16.00	£36.00	£12.00
October November December	£24.00	£12.00	£24.00	£8.00
January * February * March *	£48.00	£24.00	£48.00	£16.00

* New Memberships paid in January, February or March will be valid until March of the following year.

Payment Options

Payment can be made in the following ways -

By Cash: Bring to our Observatory at a time when committee members are present (contact Secretary to confirm).
Please DO NOT send cash via post or leave in our post box.

By Cheque: Make payable to "Mansfield and Sutton Astronomical Society".
Please write "Membership" and your name on reverse of the cheque.

By BACS: Business Account Name: "Mansfield and Sutton Astronomical Society"
Sort Code: 40-32-01, Account Number: 31325361.
Please include "Memb" and your name as payment reference.

Member Skills / Knowledge Questionnaire

Name: _____

Area	Skill	Skilled	Professional Qualifications	Willing to Perform Under Supervision	Other Notes
Building	Architect				
	Bricklaying				
	Building Engineer				
	Building Inspection				
	Carpentry				
	Electrical Engineer				
	Electrician				
	Joinery				
	Mechanical Engineer				
	Painting/Decorating				
	Plastering				
	Plumber				
	Roofing				
	Surveying				
	Tiling				
Other					
Legal	Solicitor				
	Other				
Finance	Accountancy				
	Book Keeping				
	Marketing				
	Other				
Presenting	Public Speaking				
	Powerpoint Skills				
	Other				
Office Skills	Spreadsheets				
	Word Processing				
	DTP				
	Printing				
	Graphic Design				
	Other				
IT	Computer Maintenance				
	Web Design				
	Programming				
	Other				
Astronomy	Naked Eye Skywatching				
	Binocular Use				
	Telescope Use				
	Telescope Theory				
	Astrophotography				
	Radio Astronomy				
	Solar System				
	Stars				
	Galaxies/Universe				
	Cosmology				
	History of Astronomy				
	Space Exploration				
Other					
Entertainment					
Other Skills / Notes					