



Membership Application & Data Consent Form

The Cardiff Astronomical Society (CAS) extends a warm welcome to all astronomy enthusiasts.

Whether you are new to this fascinating subject or more experienced, you're sure to find something of interest as a CAS member.

Fortnightly talks are given on various subjects including cosmology, optical astronomy, space exploration and astrophotography. Observing sessions are held locally throughout the year. The Society also has a well stocked library with books being available for loan to members before and after the fortnightly talks.

For more information contact:

secretary@cardiff-astronomical-society.co.uk

www.cardiff-astronomical-society.co.uk

Registered Charity Number: 1169953

DATA CONSENT FORM

The Cardiff Astronomical Society (" the Society") needs to store and process the personal information we collect from our members to ensure that our register of members is up-to-date and so that, when appropriate, we can contact members directly in relation to their membership of the Society and to inform them of the Society' s activities. We aim to safeguard the personal information that is provided to us and to comply with the General Data Protection Regulation which came into force on 25 May 2018. The personal information provided to us will be seen only by the appropriate officers of the Society. A copy of the Society' s Privacy Policy is accessible on the Society' s website - <http://www.cardiff-astronomical-society.co.uk/privacy-policy>.

Notes:

- 1 The Society will keep the information contained in this Data Consent form only for as long as we have an active relationship with you or until you ask us to delete it.
- 2 If we need to obtain other information or use the data we already have for other purposes, we will ask your permission to do this.
- 3 You have the right at any time to withdraw, by notification to the Society, the consent you have given herein. Such notification should be sent to: Membership.Secretary@cardiff-astronomical-society.co.uk or CAS Membership Secretary, 24 Groeswen, Llantwit Major, CF61 2UA.
- 4 You have the right to notify the Society of any changes you wish to be made to this form.

Please read the questions below and tick your agreement as appropriate:

Do you agree that the Society can process your personal data for the purposes for which it has been collected (see above)? Yes..... No

Do you consent to the Society recording your contact details electronically? Yes..... No

Do you wish to receive all membership communications from the Society by email? Yes..... No

Are you content to receive membership communications from the Society by post? Yes..... No

Signature

Date

Full name

IF YOU HAVE NOT PREVIOUSLY SENT US A DATA CONSENT FORM, PLEASE COMPLETE BOTH PARTS OF THIS DOCUMENT

CARDIFF ASTRONOMICAL SOCIETY

Membership Application Form

First Name _____ Surname: _____ Under 18

Address: _____ | |

Email address: _____ New Member? Y/N*
circle*

Telephone _____ |

Where did you hear about the Society?

Please state your particular astronomical interests:

Astrophotography Y/N*

Attending fortnightly talks Y/N*

Observing Y/N

Do you have your own telescope and/or binoculars? Y/N*

Helping out at events or Star Parties (any level of experience, beginners are welcome) Y/N*

Meeting up with other members with the same interests as you before/after talks? Y/N*

Other interests (please specify)

Family Membership

Second member: _____ Surname: _____ Under 18 tick
here

Third member: _____ Surname: _____ Under 18 tick

Fourth member: _____ Surname: _____ Under 18 tick
here

I enclose Cash/Cheque for £15.00/£2.50/£20.00 as a subscription for Adult/Junior/Family* membership of Cardiff Astronomical Society. I/We agree that we are hereby applying to become a member of CAS and will accept the duties of members set out in Clause 9(3) of the CAS Constitution.

Please return completed forms to:

The Membership Secretary, 24 Groeswen, Llantwit Major, CF61 2UA

Cheques should be made payable to: **Cardiff Astronomical Society**

Signed _____ Date _____

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To be completed by CAS: Membership Number