

# The Amateur Astronomers Association Delhi

## Membership Form

*(Please print this form, fill it out)*

Name: \_\_\_\_\_

Gender:      Male       Female

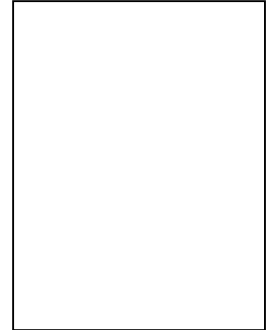
Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Contact No. \_\_\_\_\_ Email Id \_\_\_\_\_



**My area of interest in astronomy:** \_\_\_\_\_

\_\_\_\_\_

**My Equipment...**

\_\_\_\_\_

**Membership type:**

Annual Rs. 600(april-march only)

Decade Rs 3000

Mode of payment: Cash  Cheque  Cheque No. \_\_\_\_\_

Cheque should be made payable to "The Amateur Astronomers Association Delhi".

**Terms and conditions:**

All payments are non-refundable. Expenses on field trips and other project activity is not included in the membership. AAAD through the determination of the AAAD President has right to annul/suspend any membership without reasons or refund. Association rules can be reconsidered without information.

I \_\_\_\_\_ hereby declare that I will abide by the terms and conditions laid down by The Amateur Astronomers Association of Delhi (AAAD), Nehru Planetarium, Teen Murti Bhavan.

Signature