

Form No.: _____

Date ____ / ____ / ____

Personal Details:

 Name: _____ Gender: Male Female

 Address: _____

City: _____ State: _____ Pin Code: _____

 Date of Birth: dd/mm/yyyy Home Phone: _____ Mobile No.: _____

 Marital Status: Single Married

E-mail Address: _____

Occupation: _____

Salary (PA): _____

Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Spouse's Name: _____

Spouse's Occupation: _____

(If Applicable)

 Date of Anniversary: dd/mm/yyyy

Total no. of Family Members: _____

(If Applicable)

 Participant's
 Photograph

 Please submit one more
 photograph along with this form

 Are you a student? Yes No If yes, please fill in the following details:

Educational Details:

Name of the School / College / Institute Details

E-mail ID: _____

Class / Course: _____

Contact No: _____

Address: _____

Educational Qualification (Highest Degree): _____

 Are you working? Yes No If yes, please fill in the following details:

Professional Details:

Name: _____ E-mail ID: _____

Designation: _____ Contact No: _____

Address: _____

 From where did you hear about Astronomica: Media Friend/Relative Space News Letter
 Internet Others. Please specify _____

 Reason for Joining Astronomica: _____

 Would you like to volunteer for SPACE's public awareness programs: Yes No

Membership: Yearly

Half Yearly

Quarterly

Payment Details:

Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	DD <input type="checkbox"/>	<input type="checkbox"/> GAPL Offer
Invoice No.: _____			
Amount: (in Rs.): _____		(in Words) _____	
Cheque / DD No. _____	Dated _____	Bank _____	Branch _____

NOTE:

Cheque / DD is to be made in the name of _____ DD is to be payable at New Delhi.

Terms & Conditions: 1) I/We have read the brochure/pamphlets/ website/ registration form details, noted the club details, fees and agree to abide by the Rules, terms of registration form, etc. as formed by SPACE. 2) I/We transfer to Science Popularisation Association of Communicators and Educators (the organisation) the copyright of photographs of me/ our child/ dependent or of any artwork/painting/model or text produced by me/our child/dependent while at any program/activity organised by the organisation. 3) I am aware that the registration fee paid is non-transferable and non-refundable. 4) I/ We indemnify that the Astronomy Club, Organisation, S.P.A.C.E., its management, teachers, educators, staff and associated persons/entities cannot be held responsible or liable for any accident, mishap or injury that may occur to me/our child/ dependents or any member of my family in or around the premises of the organisation or any venue used by the organisation whether during or after the program/activity hours, and/or while using the transport (whether arranged by me/us or rented/owned by the organisation) and/or while participating in any function/excursions. 5) I/ We agree that Astronomy Club, the organisation, its management, teachers, staff & associated persons/entities shall not be under any liability whatsoever under any law including the Consumer Protection Act, 1986. 6) I/We have visited the organisation's website www.space-india.org and read & understood the detailed terms & conditions and rules regarding the usage of organisation's website.

Kindly send the filled in application form to **Science Popularisation Association of Communicators and Educators (SPACE)**, WZ-19, 1st Floor, Asalatpur, A-3 Block, Janak Puri, New Delhi-110058.
Ph.: +91-9250901042, +91-11-64503185, 25522193.

For further information join the discussions on www.groups.yahoo.com/groups/astronomicans or E-mail at astronomica@space-india.org or visit www.astronomica.in

Date: _____

Place: _____

Parent/Guardian's Signature

Applicant's Signature

For office use only:

Membership No.: _____

Date of Approval: _____

Name: _____

Date of Birth:

Authorised by: _____.