



Confederation of Indian Amateur Astronomers

Registered, 10th June 1994

C/o Mr. Shrinivas S Aundhkar,
MGM's Centre for Astronomy and Space Technology, Near Airport, MGM Campus, Hingoli road,
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email: ciaa@galaxycorp.com web: <http://www.ciaa.net> Registered, 10th June 1994

MEMBERSHIP APPLICATION

Membership No.

Please write the information in block capitals, typed information will be appreciated.

Membership fee : Life : Rs 1000/- Institutional: Rs 200/- per annum
Individual : Rs 200/- per annum. Admission fee: Rs 10/- for new entrants

Name _____
SURNAME NAME MIDDLE NAME

Address _____

City _____ State _____ Pincode _____

Telephone No (s) _____
STD CODE RESIDENCE OFFICE Fax No

Email : _____

Age : Sex : Membership applied for: Life Yearly Institutional

New membership is subject to approval by the National Executive Committee

Are you a member of any Astronomical Institute, Club or Group ? Y/N, Details:

Name of the Institute, Club	Since when	Other notes
1. _____		
2. _____		
3. _____		

Would you like to mention your experience, or a lecture-presentation or any book published here:

Topic	Place	Occasion	Note
1. _____			
2. _____			
3. _____			

"All memberships are subject to the approval of CIAA executive committee. Money once paid will not be refunded or adjusted unless the membership is rejected by the CIAA. The applicant assumes all the responsibility for the facts and information stated in this membership form. The applicant / Members are liable for prosecution / expulsion from membership for any misinformation / discrepancies in the details given in this form to obtain membership of CIAA. The applicant agree to abide by the rules and regulations of CIAA."

Place :

Date :

Signature of Applicant

The Confederation of Indian Amateur Astronomers

Temporary receipt for membership fee

Received from Mr. / Ms. _____

Rs. _____ (in words) _____

towards Membership fee - Life / Yearly / Institutional membership.

Certificate by Introducer (necessary)

This is to certify that Mr. / Ms. _____

is involved with Astronomy for more than 3 (three) Years.

Introducer CIAA membership No. _____

Place _____ Date _____ *Signature of Introducer*

(can be signed by a CIAA member, or president, secretary of your Association / club)

For Office use only

Life / Yearly / Institutional membership is approved / not approved by the NEC.

Identity Card issued _____

Membership No.

Payment Details

Date	Amount	Receipt No.	Membership Duration	Treasurer Sign	Note

Receiver's Name

Position Held in CIAA

Signature

Place

Date