**LYRA MEMBERSHIP FORM**

**2023**

**DUE JANUARY, NEW MEMBERS JOINING DURING THE YEAR PAY PRO RATA.**

**ADULTS** £20………………………………. £……………….

**FAMILY** (2 ADULTS +)………………………….. £30

**DONATION**…………………………………………. £……………….

**TOTAL PAID £…………..CHEQUE/CASH DATE PAID…………….**

**NAME……………………………………………………………………………………………………….**

**ADDRESS………………………………………………………………………………………………….**

**…………………………………………………………………..Postcode……………………………..**

**Telephone No: …………………………………………………………………………………………**

**E-mail : …………………………………………………………………………………………………….**

**Where did you hear about LYRA: ……………………………………………………………..**

**………………………………………………………………………………………………………………….**

**Cheques payable to:- LYRA**

 **E-mail Address:- lyra.astronomy@gmail.com**