

Member Renewal Form

Associate Member



Member Details

Please fill in your details:

Member Number:

Name:

Address:

Email:

Phone:

Mobile:

Communications

I want to receive: [Please tick one]

All communications and legal notices via email.

All communications and legal notices via mail.

Renew Scope Associate Membership for 2021 - 2022

Currently no charge.

I would like to make a donation of: \$

Payment Method:

Cheque/money order [made payable to Scope]

Cash

Credit Card:

Visa

Mastercard

Amex

Card Number:

Expiry Date: /

Cardholder's Name:

Signature:

Date signed:

If you decide not to renew your membership, please tick here. Please leave feedback regarding your non-renewal.

Donations over \$2 are tax deductible