



**MEMBERSHIP RENEWAL**

Title	First Name	Last Name
Your Name:		
Partner's Name:		
Postal Address:		
Town:		Postcode:
E-mail Address:		
Home No: ( )	Mobile No:	Work No: ( )

**Preferred Method of Contact**

E-mail     Post

**Annual Membership Fees** (due 1 July each year)

\*Concession includes students, pension card holders and refugee community members

**Individual** 1 year \$20

**Individual** 3 years \$55

**Family** 1 year \$30

**Family** 3 years \$80

**Concession\*** 1 year \$10

**Concession\*** 3 years \$20

**Corporate** 1 year \$60

**Corporate** 3 years \$160

Donation \$ \_\_\_\_\_ SCARF Inc is a registered charity & donations over \$2 are tax deductible.

**Total Payment**

\$ \_\_\_\_\_

**Payment Method**

Cash     Cheque     Direct Deposit - Illawarra Credit Union Ltd, BSB 802 249 Acc No: 26112697

*I wish to renew my membership of SCARF Inc and agree to be bound by the Rules of the Association, as amended from time to time. I agree to support the stated aims of SCARF Inc (visit [www.scarf1.org.au](http://www.scarf1.org.au) for details) and declare that all the information provided on this form is correct:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please post to:  
**SCARF Inc**  
**PO Box 312**  
**CORRIMAL NSW 2518**

**SCARF use**

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: Received:                      Receipt No:                      MYOB:                      Data Base:                      :  
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