SCRAPBOX

MEMBERSHIP REGISTRATION DETAILS

TYPE OF MEMBERSHIP: **Annual** ☐ **Lifetime** ☐

MEMBERSHIP NAME:

……

If registering as an Organisation, please provide Contact Name here:

Name ……

CONTACT DETAILS:

E-mail Address (preferred) ……

Phone number ……

- *I consent to SCRAPBOX holding this information for the duration of my Membership.*
  (SCRAPBOX will not share your information with third parties). ☐

- *I have received a copy of the Terms and Conditions of Membership* ☐

SIGNATURE ……

Scrapbox Office Use only:

REGISTRATION FOR PERIOD: / / to / /

REGISTRATION NUMBER: ☐