

## Membership Application Form

(Please complete both sides of the form)

Name of Organisation: .....

Primary Contact Name: .....

Title of post held: .....

Address (inc. postcode): .....

.....

.....

Email: .....

Website address: .....

Telephone Number: .....

OSCR/ Charity Commission registration number: .....

### Membership Details:

Are you applying for  Full membership  Associate membership  Affiliate membership



Please note that by agreeing to become a member (full or associate) you are agreeing to become a member of the SCIO and to accept the duties and obligations of members as in the SCIO Constitution.

