

I am delighted to accept your invitation to become a member of the Lord Baden-Powell Society.



Personal details

Dr/Mr/Mrs/Miss/	Ms: First na	me:		
Surname:	urname: Post-nominals:			
Address:				
Suburb/Town:		State:	Postcode:	
Phone:	Emai	l:		
Payment detai	ls			
	nclosed a cheque for annual me Baden-Powell Society'. OR	mbership to the amount o	of \$ made payable	
☐ Please debit r	ny credit card.			
Card type: □ N	Mastercard □ Visa			
Membership leve	l and payment option (tick one	box only):		
Patron	☐ \$1200/year until I cancel	☐ \$100/month until I c	☐ \$100/month until I cancel	
Ambassador	☐ \$640/year until I cancel	☐ \$54/month until I ca	☐ \$54/month until I cancel	
Leader	☐ \$325/year until I cancel	☐ \$27/month until I ca	ncel	
Member	☐ \$195/year until I cancel	☐ \$17/month until I ca	ncel	
Card number: Expiry date:				
Name on card:		Cardholder's signature: _		
	eive a member plaque/statuette allow 8-10 weeks for delivery):	•	ship to recognise my contribution	
Communicatio	n preferences			
	ership receive our monthly eNews byou do not wish to have your name	•	s published on our Website.	
Please choose from	the following options:			
☐ I prefer to rece	ive LBPS communications by email live LBPS communications by post. o receive any communications from		renewal notice.	
Th	Please return this form (with payment) to: The Lord Baden-Powell Society PO Box 5079, West Chatswood, NSW 2067		Call us on: Tel: (02) 8440-5908 or Email: lbps@scouts.com.au	