



SCOPE, Inc.

PO Box 602
Tonawanda, NY 14151-0602

SCOPE Club Associate Member Application

Date of Application _____ Dues Donation _____

Organization Name _____

Address _____ County _____

City, State Zip _____ Phone (____) _____

Mailing address if different from the above _____

Website _____

DUES: Club (1-100 members): \$25.00, Club (Over 100 members): \$50.00, Club Sponsor (receive appreciation plaque): \$200

Please list your club's officers with addresses and phone numbers

President _____ **Vice President** _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone (____) _____ Phone (____) _____

Treasurer _____ **Secretary** _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone (____) _____ Phone (____) _____

Mail completed application to:
SCOPE, Inc.
Club Membership Chairman ,
PO Box 602
Tonawanda, NY 14151-0602