



## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Membership type desired:    Single \$15      Family \$30      Business \$50

Membership is good for 1 year [January – December]

If business membership, please provide:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

***Thank you for your membership. All dues paid go toward the purchase of veterinary care, medical supplies and food for the pets. Currently none is paid in wages/salaries. We are an all volunteer rescue.***