

MEMBERSHIP APPLICATION

NEW MEMBER

DATE: _____

RENEWAL

NAME (Please Print): _____

COMPANY (If Applicable) : _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ E-MAIL: _____

DATE OF BIRTH (If under 18): _____ PARENT'S SIGNATURE: _____

PLEASE ACCEPT MY CONTRIBUTION OF \$ _____

CHECK ENCLOSED: _____

PLEASE CHARGE MY VISA/MASTERCARD/AMEX: _____

CARD #

EXP. DATE:

SIGNATURE

ARE YOU INTERESTED IN VOLUNTEERING? YES NO

ANY SPECIAL AREA? _____

White Copy - Humane Society of St. Thomas

Yellow Copy - Contributor's Receipt

MEMBERSHIP LEVELS

(Please check one)

- | | |
|--|-------|
| <input type="checkbox"/> Junior (under 18) | \$ 5 |
| <input type="checkbox"/> Individual | \$ 30 |
| <input type="checkbox"/> Family | \$ 45 |
| <input type="checkbox"/> Business | \$100 |
| <input type="checkbox"/> Corporate | \$300 |
| <input type="checkbox"/> Non-Profit | \$150 |

HUMANE SOCIETY



of St. Thomas

PAWS TO CARE

www.hsstt.com

THANK YOU FOR YOUR SUPPORT!



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