

# Friends of Chilton Animals

## MEMBERSHIP APPLICATION FORM



### PERSONAL INFORMATION

Full Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

### MEMBERSHIP INFORMATION

Select the type of membership you are applying for:

☐ Individual  
[\$25]

☐ Individual +1  
[\$40]

☐ Family [\$50]

☐ Other

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SUBMISSION INSTRUCTIONS

- Please return this completed form to \_\_\_\_\_ by \_\_\_\_\_
- For any questions or further information, please contact us at \_\_\_\_\_ or \_\_\_\_\_