

MEMBERSHIP FORM

Name _____ Date _____

Address

Phone # _____ E-Mail Address _____

Membership Fee: \$25.00

Paid by check _____ *Credit Card _____ Cash _____

*Type of Credit Card _____ Credit Card Number _____
Expiration Date _____ Name on Card _____

Please include payment with this form. Checks should be issued to the Humane Society of Elkhart County.

Feel free to share other information that will help us better understand your interest in the mission of the humane society.

/For Office Use	
Membership Card _____	
Expires _____	HSEC: Rev. 9/8/09

Your membership fee is considered a tax deductible contribution. No commercial goods or services have been received from the Humane Society of Elkhart County in exchange for your membership contribution.