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MEMBERSHIP FORM

Name _____ Date _____

Address _____

Phone () _____ Email _____

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 _____	Staff Initials _____
Date Received	
Expires _____	Entered _____
	Date
HSEC: Rev. 10/20/14	

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.