HSAC Membership Application/Renewal Form

P.O. Box 245 West Union, OH 45693 937-587-2727 www.adamscountyanimals.org

Please fill out the form PayPal. Members rece	below and return to the addive our newsletter, Paw Prir	n a calendar year basis begi lress above, or submit secur nts, which is published two tii newsletter via e-mail	ely online using mes per year. Please
We appreciate ALL our support of the animals		k each and every one of you	for your continued
Name:		Today's Date:	
Address:		Telephone:	
City:		E-mail:	
State:			5
Zip Code:		New Membership	Renewal
County:		MEMBERSHIP FEES: (Please circle one) Please make check payable to HSAC	
		Individual \$15.00	
If you are interested in helping with any of the following, please circle choice(s):		Family \$25.00	
Fundraising	Animal Care		
Office Work	Pet Fostering		
Other:			
Method of Payment:	Check/CashVISA	MasterCard	
Card #:			V-Code
Expiration Date: Month	Year		
Signature:			