

# LEON COUNTY HUMANE SOCIETY MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_

Have you ever been a member of a humane society or other humane organization? If yes, where and when?  
\_\_\_\_\_

**Please check any of the following committees you would be interested in serving on as a volunteer:**

- |                                             |                                           |                                                    |
|---------------------------------------------|-------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Adoption Booth     | <input type="checkbox"/> Finance          | <input type="checkbox"/> Newsletter & Publications |
| <input type="checkbox"/> Animal Care        | <input type="checkbox"/> Foster Family    | <input type="checkbox"/> Publicity                 |
| <input type="checkbox"/> Animal Transport   | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Spay Neuter Campaign      |
| <input type="checkbox"/> Animal Evaluator   | <input type="checkbox"/> Humane Education | <input type="checkbox"/> Special Events Committee  |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Membership       | <input type="checkbox"/> Student Chapter (College) |
| <input type="checkbox"/> Dog Wash           | <input type="checkbox"/> Other _____      |                                                    |

**When is the best time for you to volunteer?**

- Morning     Afternoon     Evenings/Weekends     Other \_\_\_\_\_

**How did you learn about the Leon County Humane Society?**

- Referral     Newspaper     Newsletter     Vet     Other \_\_\_\_\_

**At which level  
of membership  
would you like  
to participate?**

- \$5,000 ..... Friend Fur Life  
 \$2,500 ..... Golden Paw Partner  
 \$1,000 ..... Silver Paw Partner  
 \$500 ..... Best Buddy  
 \$100 ..... Helping Paw Partner  
 \$40 ..... Family/Individual  
 \$20 ..... Senior/Student

I don't wish to join at this time.

Enclosed is my tax-deductible donation of \$ \_\_\_\_\_

Please make checks payable to the **Leon County Humane Society**

CREDIT CARD PAYMENT:   MasterCard      VISA

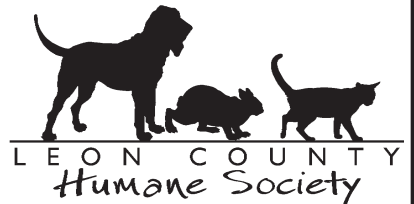
Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Print name as it appears on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

**FOR MORE INFORMATION,  
CONTACT:**



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Tallahassee, FL 32312

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