



# MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Type of Membership</b>	<input type="checkbox"/> Single -- \$30	\$ _____
	<input type="checkbox"/> Business -- \$60	\$ _____
	<input type="checkbox"/> Family -- \$40	\$ _____
	<input type="checkbox"/> Lifetime -- \$1,000	\$ _____

<b>Additional Donations</b>	<input type="checkbox"/> Spay/Neuter Fund	\$ _____
	<input type="checkbox"/> General Fund	\$ _____
	<input type="checkbox"/> Sarah Fund (low income assistance & emergency expenses)	\$ _____
	<input type="checkbox"/> Food Match Challenge	\$ _____
	<input type="checkbox"/> Other _____	\$ _____

**TOTAL:** \$ \_\_\_\_\_

## Payment Options:

- Mail your check, payable to "Oregon Coast Humane Society", along with this form to the address below.
- In person using cash, check, or credit card at the address below.
- Over the phone with a credit card, call: (541) 997-4277
- Online at: [www.oregoncoasthumanesociety.org/membership/](http://www.oregoncoasthumanesociety.org/membership/)

**Oregon Coast Humane Society**

**2840 Rhododendron Drive, Florence, OR 97439**

<i>Office Use Only:</i>	
Processed by: _____	Processed on: _____
Check #: _____	Membership expires on: _____