



Membership Application

Your Name: _____

Permanent Address: _____

Home Phone Number: () _____ Cell Phone Number: () _____

Date of Birth: _____ Sex: M F

Would you be interested in becoming a member of the HSGC Board? YES NO

Please enclose your membership fee when you return this application.

Please make checks payable to:

THE HUMANE SOCIETY OF GARLAND COUNTY

P.O. BOX 1484

HOT SPRINGS, AR 71902

info@hsgconline.org

Membership Fees:

Adults - \$20.00

Family - \$30.00

Seniors - \$10.00 (over 55 yrs.)

Print Your Name: _____ **Date:** _____

Signature: _____