



## 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

**Membership Fees:**

Adults - \$20.00

Family - \$30.00

Seniors - \$10.00 (over 55 yrs.)

**Print Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_