



Paws & Claws



P.O. Box 1135
Pikeville, TN 37367

Date _____

APPLICATION FOR MEMBERSHIP

_____ (name)

_____ (home phone)

_____ (spouse – if becoming member also)

_____ (cell phone)

_____ (street address)

_____ (city)

_____ (state)

_____ (zip)

_____ (work phone)

_____ (E-mail address)

I AM INTERESTED IN

Grants Committee _____

Fund Raising _____

Publicity _____

Education _____

Fostering _____

Other _____

INDIVIDUAL (AGE 18 & OLDER) DUES ARE \$18.00 FOR THE FIRST YEAR PER PERSON
THEN \$12.00 ANNUALLY PER PERSON
DUES ARE FOR THE CALENDAR YEAR
DUES ARE PRORATED IF JOINING IN JULY OR LATER

**WE ARE PLEASED THAT YOU HAVE JOINED US.
THANK YOU FOR YOUR SUPPORT!**

Phone 423-447-PAWS (7297)

FOR organization's USE ONLY:

DATE _____ **AMOUNT PAID \$** _____ **CASH CHECK**

PAYMENT RECEIVED BY: _____