

NORTHSIDE PET CONNECTION

MEMBERSHIP FORM

Annual Membership

Date: _____



_____ New Member _____ Renewal

_____ No. of Memberships

_____ Single, voting \$10 donation

_____ Family \$30

_____ Business \$50

_____ **Total Paid**

I am interested in learning about volunteer opportunities (please check area of interest)

_____ Fundraising _____ Grant writing _____ Other _____
please specify

_____ Training for board member positions _____ Sponsor an event _____
please specify

Donation Only

Amount _____ In memory of _____

Please complete the following:

Name _____ Phone _____

Address _____

City/State _____ Zip _____

Email Address _____

Signature and Date

Please mail the completed form along with your check payable to:

NORTHSIDE PET CONNECTION (NPC), PO Box 411 , Coulterville, CA 95311