C.itizens for
H.umane
A.nimal
T.reatment

Partner of the
Wakulla County Animal Shelter

MEMBERSHIP/DONATION APPLICATION

Please print and complete the application and mail it to:

CHAT of Wakulla
P.O. Box 1195
Crawfordville, FL 32326
Attn: Kristie Revell, Membership Chair

Name: _____

Address: _____
Street City/State Zip

Telephone
Home: (_____)_____ Work: (____)_____

Cell: (____)_____ E-Mail: (Optional) _____

One-year membership dues (check one):
____Junior/Student - $5
____Senior Citizen - $10
____Individual - $15
____Family - $25
____Patron/Corporate - $100
____I would like to make a donation of $_____
But do not wish to become a member at this time.

Area of Interest for Volunteering

Animal Socialization ___ Education ___ Fundraising ___
Fostering___ (Separate application for foster parents)

Thank You

C.H.A.T. of Wakulla. All Rights Reserved. P O Box 1195 Crawfordville, Fl 32326