



Membership Application

Full Name			
Street Address			
City, Prov., Postal Code			
Home Phone		Other Phone	
E-Mail Address			

Age Category:

- Under 21
 21 - 35
 36-54
 55+

Occupation:

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Communications (PR, journalist) | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> IT/ Consultant | <input type="checkbox"/> Student |
| <input type="checkbox"/> Management | <input type="checkbox"/> Skilled Trade |
| <input type="checkbox"/> Professional/Entrepreneur | <input type="checkbox"/> Other _____ |

May we print your name in our Newsletter or on our Website? Yes No
 Have you adopted a pet from the shelter? Yes No

Type of Membership

- | | | |
|--|-------|-------------------|
| <input type="checkbox"/> Pet | \$10 | Name of Pet _____ |
| <input type="checkbox"/> Student or Senior | \$10 | |
| <input type="checkbox"/> Individual | \$25 | |
| <input type="checkbox"/> Youth Group/Classroom | \$35 | |
| <input type="checkbox"/> Family | \$45 | |
| <input type="checkbox"/> Patron | \$135 | |
| <input type="checkbox"/> Bronze Pet Supporter | \$200 | |
| <input type="checkbox"/> Silver Pet Supporter | \$400 | |
| <input type="checkbox"/> Gold Pet Supporter | \$600 | |

To help Bide Awhile continue bringing people and animals together:

I would like to make a monthly contribution to Bide Awhile in the amount of \$_____ per month.

I would like to make a one time donation in the amount of \$_____.

I would like to help reduce pet overpopulation with a \$_____ donation to Spook's Memorial Kitty.
(Tax receipts issued for contributions over \$10.00)

GRAND TOTAL \$_____

Please send completed Membership Application and cheque to :
 Bide Awhile Animal Shelter
 P.O. Box 50029
 RPO Southdale
 Dartmouth NS B2Y 4S2

Credit card payment also accepted:

Name of Cardholder	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	
Card #	Expiry:	m	m
Signature	y	y	y