



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 add you to our email list to receive our e-newsletter?
 Have you adopted a pet from the shelter?

- Yes No
 Yes No

Type of Membership

- | | |
|--|------|
| <input type="checkbox"/> Student or Senior | \$10 |
| <input type="checkbox"/> Individual | \$25 |
| <input type="checkbox"/> Family | \$45 |

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	y	y
Signature											CVV/CVC						

Membership may be withdrawn for conduct prejudicial to the welfare of the Shelter or in conflict with its Memorandum of Association.