



## Membership Application Form

**Please add me to your Membership List**

Fees \$ 50.00 per year for \_\_\_\_\_ years.

I want to add a DONATION OF \$ \_\_\_\_\_

Name \_\_\_\_\_


Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number (optional) \_\_\_\_\_ Email \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

OR charge my  account number \_\_\_\_\_

Name on card \_\_\_\_\_ Expiry date \_\_\_\_\_

Signed \_\_\_\_\_

**NOTE: If you DON'T want to be added to our mailing list please check here**

I Wish A tax Receipt      YES      NO

**Please enclose payment and Mail to :**

**The Hervey Foundation for Cats  
Box 12, Site 200 RR#2  
Stony Plain, AB, Canada  
T7Z 1X2  
or call 963-4933**