

Helping You Help Homeless Cats THE CAT NETWORK MEMBERSHIP APPLICATION

Please print and complete and mail it to:

The Cat Network, Inc., P.O. Box 347228 Miami, FL 33234-7228

Membership Information

Name:	::				
Street A	Address:				
Suite/A	Apt/Other Address Information:				
City:	Sta	ate:	Zip Code:		
Primary	ry Phone: () Se	econdary/Cell Phor	ne: ()		
Email A	Address:				
Occupa	pation (optional):				
<u>Membe</u>	pership Levels (Pease Check One)				
\$	\$35.00 Full Year Membership	\$20.00 Senior	Member (55+	•)	
<u>Option</u>	nal Additional Donation				
I am als	also including an optional donation of:\$1	10 \$25 \$5	60\$100 C	Other \$	
<u>Volunt</u>	nteer Activities				
Excludi	ding my own colony trapping, feeding, and m	naintenance activitie	es, I can volun	nteer in the following a	reas:
	Trapping stray colony cats Transporting cats to the vet Caring for recuperating cats for a few days following surgery Fostering adoptable cats and kittens in my home for a set length of time for adoption				
	Nursing very young abandoned kittens Monitoring telephone calls to our voice mail system Coordinating trappings, surgeries, adoptions, etc.				
	Organizing mailings, letter writings, record keeping Assist in feeding colony cats				
	Pick up/deliver donated food & litter Other:				

YOUR CONTRIBUTION IS TAX DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW. A COPY OF THE OFFICIALREGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-435-7352 WITHIN THE STATE OF FLORIDA. OUR REGISTRATION # IS CH7392. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE OF FLORIDA.

Thank you for becoming a member of The Cat Network!