

2010 MEMBERSHIP APPLICATION

Please check one:

- Supporter (2009 renewing Members only) \$100
- Supporter \$250 Patron \$1000 Youth (<18) \$20
- Advocate \$500 Benefactor \$2500 Senior (> 60) \$100
- Champion \$750

Name: _____
First MI Last

Address: _____

City State Zip

Phone: _____
Home Cell

E-mail: _____

Emergency Contact Name: _____ Relation: _____

Phone: _____

Please tell us a little about yourself:

Occupation of Member(s): Name _____ Occupation _____
 Name _____ Occupation _____

Pets: _____

My regular veterinarian is: _____

Do you have particular talents you are willing to volunteer to provide to LCHS?

- Construction, type: _____
- Accounting Legal
- Public speaking Public relations / advertising
- Veterinary training (RVT, DVM)
- Dog Training; explain: _____
- Other _____

I'd like to help LCHS with these efforts(check all that apply):

- Humane Education Foster TNR (feral cat population)
- Publicity Fund-raising Photography
- Newsletter Advocacy Facebook
- Adoption Events Outreach Spay/Neuter Transports
- Other: _____



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(913) 728-2881

I would like to receive information about planned giving. [] Yes [] No

Other than your own pets, do you have experience working with animals? [] Yes [] No

If yes, please describe _____

Have you ever been accused of or convicted of animal cruelty? [] Yes [] No

Other than a traffic violation, have you been convicted of a criminal offense? [] Yes [] No
If yes, please explain _____

Do you have a valid driver's license? [] Yes [] No State licensed in: _____
Please provide DL# _____

Would you be willing to transport animals as part of your volunteer work? [] Yes [] No
If yes, is the car you'd be driving covered by liability insurance? [] Yes [] No

Name of Insurance Company _____

Have you ever pled guilty to a traffic violation? [] Yes [] No

Do you have any allergies, physical disabilities, or other limitations that may require
accommodation or may restrict your volunteer activity? [] Yes [] No
If yes, please explain _____

Did a current Member/volunteer recommend you work with LCCHS? [] Yes [] No

If yes, please list their name so we can thank them. _____

I give LCCHS permission to verify any information given above.

_____/_____/2010
(signature)