



# VIRGINIA FEDERATION OF HUMANE SOCIETIES

## 2010 ACTIVE MEMBERSHIP APPLICATION

Please check one:

- I am a new member  
 I am renewing my membership

**ORGANIZATION NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE(S):** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**PRESIDENT'S NAME:** \_\_\_\_\_

**EXECUTIVE DIRECTOR'S  
NAME:** \_\_\_\_\_

**SHELTER MANAGER'S  
NAME:** \_\_\_\_\_

**MAILINGS TO BE SENT TO THE ATTENTION OF (PLEASE PROVIDE BOTH MAILING AND  
EMAIL ADDRESS):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE IDENTIFY THE INDIVIDUAL(S) WHO WILL BE YOUR ORGANIZATION'S DELEGATE(S)  
FOR PURPOSES OF VOTING AND FOR PARTICIPATION IN COMMITTEES:**

**NAME:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PLEASE PROVIDE THE NAMES, TITLES AND EMAIL ADDRESSES OF UP TO THREE (3)  
OTHER INDIVIDUALS WITHIN YOUR ORGANIZATION WHO SHOULD BE ADDED TO OUR  
MEMBERSHIP COMMUNICATION LIST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU WANT YOUR ORGANIZATION'S NAME, E-MAIL ADDRESS, AND WEBSITE INCLUDED IN THE MEMBERSHIP LISTING ON THE FEDERATION'S WEBSITE?**

\_\_\_ YES                      \_\_\_ NO

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**DOES YOUR ORGANIZATION:**

Operate an animal shelter?                      \_\_\_ YES                      \_\_\_ NO

Operate an adoption center?                      \_\_\_ YES                      \_\_\_ NO

Operate a spay/neuter clinic?                      \_\_\_ YES                      \_\_\_ NO

Investigate complaints of animal cruelty/neglect?                      \_\_\_ YES                      \_\_\_ NO

Recruit and use the services of volunteers?                      \_\_\_ YES                      \_\_\_ NO

Provide and maintain a humane education program?                      \_\_\_ YES                      \_\_\_ NO

**TOTAL NUMBER OF MEMBERS/CONTRIBUTORS/DONORS YOUR ORGANIZATION CURRENTLY HAS:**

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**LIST THE CITIES AND COUNTIES THAT YOUR ORGANIZATION SERVES:**

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**FOR SHELTERED ORGANIZATIONS ONLY:**

- We receive animals from citizens of the following cities and counties:

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- We rescue animals from the following pounds, shelters, general public, etc.:

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- We contact with the following cities and counties to receive animals:

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- Is your facility a limited acceptance shelter? If yes, please explain:

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**PLEASE PROVIDE A BRIEF STATEMENT OF YOUR AGENCY/ORGANIZATION'S MISSION:**

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By submitting this application, I affirm that I understand the membership criteria of the Virginia Federation of Humane Societies and its organizational values as reflected in its Strategic Plan.

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Dues are due by January 1.

Yearly Membership Dues:                   \$ \_\_\_\_\_                   (please enter appropriate level: \$65 or \$85)

Other Donation:                           \$ \_\_\_\_\_

Please direct this donation as follows:    \_\_\_ General Donation    \_\_\_ Spay Virginia    \_\_\_ Scholarship Fund

Total Payment Enclosed:               \$ \_\_\_\_\_

**I am interested in volunteering to assist VFHS with:**

\_\_\_ Education and Outreach    \_\_\_ Fundraising    \_\_\_ Spay/Neuter Initiatives    \_\_\_ Disaster Preparedness

Memberships are for one calendar year (January 1 though December 31). If you need further information, please contact [info@vfhs.org](mailto:info@vfhs.org) or call 703-294-4949.

**PLEASE SEND APPLICATION, SUPPORTING DOCUMENTS (IF REQUIRED) AND CHECK PAYABLE TO  
"VIRGINIA FEDERATION OF HUMANE SOCIETIES" TO:**

**VIRGINIA FEDERATION OF HUMANE SOCIETIES  
P. O. Box 50058  
Arlington, VA 22205-9998**

***THANK YOU FOR YOUR CONTINUING SUPPORT!***

*The Virginia Federation of Humane Societies is a section 501 (c) (3) non-profit corporation.*