

Heart Bandits

American Eskimo Dog Rescue

A Nonprofit Corporation www.heartbandits.com

Membership Application

Version 4.0

Thank you for your interest in Heart Bandits American Eskimo Dog Rescue. Your membership entitles you to receive our newsletters, meeting notices, and event information (default delivery by E-mail.) Members vote to elect the Heart Bandits Board of Trustees, and are also eligible to run for Trustee themselves. Most importantly, you will know that you have helped save the life of a homeless American Eskimo Dog. We need your help!

**Please complete this form and mail it with your check to:
Heart Bandits, PO Box 4322, Fresno, CA 93744**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ ext. _____

Fax Phone: (_____) _____ Occupation: _____

E-mail Address: _____

I prefer postal service delivery of newsletters, notices, and membership renewal.

Please indicate the rescue activities in which you would like to participate.

- | | | |
|---|---|--|
| <input type="checkbox"/> Foster home... | <input type="checkbox"/> for special needs Eskies | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Transportation | | <input type="checkbox"/> Fund raising |
| <input type="checkbox"/> Home visits | | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Telephone interviews and follow-up calls | | <input type="checkbox"/> Special events (Pet Expo, etc.) |

Other _____

Membership Dues and Donations

Membership dues (\$25.00 per year) _____ Years @ \$25.00 = \$ _____

Additional donation \$ _____

Total enclosed (tax deductible) \$ _____

Your signature is required to become a member of Heart Bandits. By signing you are agreeing to further the objectives of Heart Bandits. You are not required to actively participate in rescue activities.

Any additional participation and/or donation is greatly appreciated.

Signature: _____ Date: _____