

Sebastian County Humane Society Membership Application

Name _____

Address _____

Home Phone _____ Work Phone _____

Visa/MasterCard Number _____

Yes, please make me a member for \$_____ so I can help the animals. Any additional donations would be appreciated.

Yes, I would like to volunteer my time.

**Please return form to:
Sebastian County Humane Society
PO Box 10953
Fort Smith, AR 72917.**

Annual Membership Fees \$15 Single

All donations are tax-deductible.