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Animal Compassion Network Membership Application
"Joining Paws Across The Mountains"

Mail to:
Animal Compassion Network, PO Box 1704, Skyland, NC 28776

Name _____ E-Mail _____

Home Phone (with area code) _____ Other # _____

Fax# _____ Best time to call: _____

Mailing address _____

City _____ State _____ zip code _____

Method of payment __ Money order __ Check __ PayPal

__Please save postage and send me future newsletters via email

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TYPE OF MEMBERSHIP (Check one or more)
If gift membership, please also fill out section at bottom of form

__ Basic	$25.00
__ Friend	$50.00
__ Contributor	$100.00
__ Benefactor	$250.00
__ Patron	$1,000.00
__ Founder	$2,500.00
__ Additional Donation	$_____
	==========
(Make check or money order to "ACN".)	TOTAL ENCLOSED: _____

ACN is designated as a 501(c) 3 non-profit.

Volunteer Opportunities
(check all that you are interested in)

__ Foster Care	__ Adoption Events
__ Cat Care at PetsMart	__ Marketing/Advertising
__ Fundraising	__ Clerical/Office Work
__ Public Education	__ Outreach
__ Phone Team	__ Other: _____

Upon receipt of your application, an ACN representative will contact you to discuss volunteer opportunities you checked in detail.

__Please acknowledge my Gift Membership to:

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____Email _____

Thank you in advance for your contribution.