



# 2019 – 2020 MEMBERSHIP APPLICATION

Name: _____		
Address: _____		
City: _____	Province: _____	Postal Code: _____
Home Phone: _____	Cell Phone: _____	
Email Address: _____		

*FAACS collects your personal information strictly for the purpose of maintaining our membership list. FAACS will not sell, give or otherwise share your personal information without your express consent, unless required by law.*

<b>I would like to receive FAACS newsletters in the following way:</b>	
<input type="checkbox"/> E-mail	<input type="checkbox"/> Ground Mail

<b>YES! I WILL JOIN THE FERAL AND ABANDONED CAT SOCIETY (FAACS) TO HELP HOMELESS CATS IN THE CBRM.</b>	
<b>Type of Membership:</b>	<b>My Membership is:</b>
<input type="checkbox"/> Individual \$10/year	<input type="checkbox"/> New
<input type="checkbox"/> Family \$20/year	<input type="checkbox"/> Renewal
<input type="checkbox"/> Lifetime Individual \$250 once per lifetime	

*Memberships run from April 1<sup>st</sup> to March 31<sup>st</sup> to match our fiscal year.*

In addition to my membership, I am making a special one-time gift of \$ \_\_\_\_\_

**Here's How I'm Paying my Total of** \$ \_\_\_\_\_

Cash   
  Cheque   
  e-Transfer   
  on-line ([www.faacs.ca/donate](http://www.faacs.ca/donate))  
 e-Transfers can be sent to FAACS at [faacsociety@gmail.com](mailto:faacsociety@gmail.com)

A charitable tax receipt will be issued for the total. CRA Registered Charity No. 80760 0507 RR0001

\_\_\_\_\_  
 Signature Date

Feral and Abandoned Cat Society (FAACS), PO Box 85, 269 Charlotte Street, Sydney, NS B1P 6G9

[www.faacs.ca](http://www.faacs.ca)

