



# 2021 – 2022 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>YES!</b>	
<b>I WILL JOIN THE FERAL AND ABANDONED CAT SOCIETY (FAACS) TO HELP HOMELESS CATS</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)

