



**Florida
Animal
Control
Association**

2016 APPLICATION FOR ASSOCIATE MEMBERSHIP

Associate membership is open to private shelters, resource groups, and individuals who wish to support FACA's efforts and share in our communication.

Please accept my/our application for membership in the FLORIDA ANIMAL CONTROL ASSOCIATION. I/We support its mission and wish to receive its communications and benefits as a non-voting member.

_____ **INDIVIDUAL @ \$ 35**

_____ **ORGANIZATION @ \$ 150**

(Not applicable to Organizations or leaders of Organizations)

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

PHONE (_____) _____ FAX: (_____) _____

EMAIL: _____

TOTAL DUE: \$ _____

CHECK enclosed

CHARGE MC/VISA/AmEx # _____

EXP date: _____ 3-digit SECURITY CODE: _____

NAME on card: _____

SIGNATURE: _____

THANK YOU FOR YOUR SUPPORT FOR FACA.

REMIT TO:

**FLORIDA ANIMAL CONTROL ASSOCIATION
P.O. Box 211267
Royal Palm Beach, FL 33421**

info@floridaanimalcontrol.org

Phone# (786) 505-3222 FAX# (561) 249-2073

