



**Florida
Animal
Control
Association**

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: _____

BILLING ADDRESS if different from above:

THANK YOU FOR YOUR SUPPORT FOR FACA.

REMIT TO:

FLORIDA ANIMAL CONTROL ASSOCIATION

P.O. Box 1373

Naples, FL 34106

Phone: 786-505-FACA (3222)

info@floridaanimalcontrol.org • www.floridaanimalcontrol.org