

Companion Animal Rescue Effort
P.O. Box 111474
Campbell, CA 95011-1474
(408) 227-CARE

Membership Application

Name: _____
Address: _____
City/State/Zip: _____
Phone: (H) _____ (W) _____
Cell # _____
Email _____

As a participant of CARE I pledge to promote and maintain quality rescue standards, including sanitary/comfortable fostering practices, spay/neuter advocacy, humane education and animal welfare. I agree to follow the policies and procedures of which I have read and received a copy and abide by the CARE bylaws.

Prior to having my initial membership accepted, I agree to complete a membership application, pay annual membership dues of \$24 in January or prorated dues of \$2.00 per month for each month left in the year, be trained by a certified member of CARE, and attend four (4) pet fairs. As a new member, my membership is contingent on a 30-day probationary period from the date my application is approved by the board.

As a renewing member, I agree to complete a membership application and pay my membership dues of \$24 in January. If my application is not received and my dues are not paid by January 31, I forfeit my rights to be a renewing member of CARE. As a renewing member, I agree to attend no less than 6 (six) pet fairs a year (one every other month) or get prior approval from the majority of the Board to do an equivalent amount of volunteer work. If I choose to join CARE in the future, I agree to go through the process of becoming a new member.

If I am interested in fostering, I understand that I must meet and work closely with the Team Leader. I agree to an inspection of my residence and will attend no less than 4 (four) pet fairs prior to receiving a foster animal.

I agree to indemnify and hold CARE harmless and release CARE of any and all liability for any injury that may be suffered arising out of my participation with CARE.

I will abide by the guidelines set forth above and understand that the Board of Directors has the right to terminate my membership if it feels that my membership has engaged in conduct materially and seriously prejudicial to the interests or purpose of this organization.

Volunteer's Signature: _____ Date: _____

For Office Use Only

Received by: _____
Method of Payment: _____
T-shirt size: _____

Date Received: _____
Date on Database: _____
New or renewal: _____