

# OTTAWA HUMANE SOCIETY

# MEMBERSHIP



To apply for membership, please fill in the following information.

## Type of Membership

☐ Individual (Annual Fee : \$25)

☐ Pet (Annual Fee: \$10)

## Pet Information

☐ Cat ☐ Dog ☐ Other

Name of Pet : \_\_\_\_\_

- The OHS *Our Best Friends* newsletter is mailed to all of our members.
- Our members are encouraged to attend and vote at the Annual General Meeting.
- Pet members receive a membership certificate.

## This is a New Membership — Welcome to the OHS Family!



Title : \_\_\_\_\_

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Prov : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Email : \_\_\_\_\_

☐ : Yes! I want to receive the *Animal Advocate* e-bulletin.

## This is a Renewal — Welcome Back!



First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Personal information has changed to:

Address : \_\_\_\_\_

City : \_\_\_\_\_ Prov : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Email : \_\_\_\_\_

☐ : Yes! I want to receive the *Animal Advocate* e-bulletin.



## Credit Card

☐ AUTOMATICALLY each year using my credit card

☐ for THIS YEAR ONLY using my credit card



Today's Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                    DD                      MM                      YY

Card # : \_\_\_\_\_

Expiry Date : \_\_\_\_ / \_\_\_\_  
                                    MM                      YY

Name on Card (please print) : \_\_\_\_\_

Signature : \_\_\_\_\_

## PAW Monthly Giving Program

I would like to become a PAW donor with my monthly gift of:

☐ \$15    ☐ \$21    ☐ \$30

☐ I prefer to give \$ \_\_\_\_\_ each month

I prefer to charge these donations on my:



Card # : \_\_\_\_\_

Expiry Date : \_\_\_\_ / \_\_\_\_  
                                    MM                      YY

Name on Card : \_\_\_\_\_  
(please print) :

**PAW**   
monthly giving saves lives

## Bank Account

☐ AUTOMATICALLY each year using my bank account

I have enclosed a void cheque. I authorize the Ottawa Humane Society to arrange automatic withdrawals from my bank account. I may cancel this authorization at any time by emailing [development@ottawahumane.ca](mailto:development@ottawahumane.ca) or by calling 613-725-3166 ext. 252.

☐ for THIS YEAR ONLY using my bank account

Cheque payable to: Ottawa Humane Society



☐ **I wish to donate to the animals**

In addition to my membership, please include a one-time gift of:

☐ \$15    ☐ \$50    ☐ \$100

☐ Other : \_\_\_\_\_



☐ I authorize you to deduct a monthly donation from my bank account each month. A blank sample cheque marked VOID is enclosed.

PAW program members will be sent a tax receipt at the end of the year.

Signature : \_\_\_\_\_



Please submit your membership form to: Ottawa Humane Society, 245 West Hunt Club Road, Ottawa, Ontario K2E 1A6

Fax: 613-725-5675 • email: [development@ottawahumane.ca](mailto:development@ottawahumane.ca) • phone: 613-725-3166 x 252 • Charitable Registration Number: 123264715 RR0001

**The animals thank YOU for your support!**