

Paws of Wakulla - Membership Renewal Form

Please complete and mail form and payment to: Paws of Wakulla, PO Box 1195, Crawfordville, FL 32326
Membership is \$10.00 per individual, \$25 per family, and \$100 for corporate.

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____ Age (minors only): _____

I would also like to donate \$_____ toward: _____

Optional: Please help us be the best we can be by answering the following questions. Thank you.

1. What projects would you like to see *Paws* do? Please use back side, if needed:

2. Would you like to volunteer? If yes, please circle all activities you would like to help with:

Pamper Pooch - TNR (Trap/Neuter/Release) - Training - Fundraising - Other, please describe:

3. Please list any skills, talents, services, etc., that you possess and are willing to help with:

4. Do you provide care for feral cats in Wakulla County that need to be spayed or neutered? _____

5. Additional comments: _____

Thank you for renewing your *Paws* membership!