

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 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: ea@ottawahumane.ca

phone: 613-725-3166 x 211

Charitable Registration Number: 123264715 RR0001

The animals thank YOU for your support!