



Membership Form

Member Name: _____

Billing Address: _____

City: _____ State _____ Zip: _____

Email: _____ Telephone: _____

TYPE OF MEMBERSHIP

Student: \$15 _____ College Student: \$35 _____ Adult: \$50 _____

Family: \$90 _____ Contributor: \$250 _____ Signature: \$500 _____

Patron: \$1,000 _____ Lifetime: \$2,500 _____ Additional Donation \$ _____

Total amount of this form \$ _____ (Please add the membership plus any additional donation.)

Is this Membership a Gift? If so, please let us know whom to notify and their contact information:

PAYMENT

Check or Money Order: *Please make payable to South Florida SPCA*

Amount Enclosed: \$ _____

MAIL TO: South Florida SPCA • P.O. Box 924088, Homestead, FL 33092

or FAX TO: 305-825-8826

Thank you for supporting South Florida SPCA!