



MEMBERSHIP APPLICATION

We appreciate your interest in becoming a member of the New Brunswick SPCA! Annual members receive a welcome letter, a copy of the current NBSPCA bylaws, periodic newsletters and updates about the important work that we do, may offer for or nominate others for the Board of Directors, serve on committees, and may attend and vote at our Annual General Meeting.

Full Name: _____ **Date of Birth (M/D/YY):** _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

Membership is FREE with a donation of \$20.00 or more to the New Brunswick SPCA (*New Brunswick SPCA is a CRA registered charity and official tax receipts will be issued at the end of the calendar year*)

NOTE: ALL Members must be 19 years of age or older. Memberships are renewable annually and are valid from the date of the donation is received until the conclusion of the Annual General Meeting of the New Brunswick SPCA. ALL membership applications are subject to the approval of the Board of Directors and under Bylaw No.11, Section 4, has the sole discretion to refuse membership to any person who is opposed to, or has acted in opposition to, the objectives of the Society as set out in Bylaw No.1.

Please check ONE of the following:

_____ I have already made a donation of \$20.00 or more since the conclusion of the last Annual General Meeting of the New Brunswick SPCA and would like to become a member (*subject to verification*).

_____ I would like to make a donation of \$_____ to the New Brunswick SPCA and receive a complimentary membership.

Please check ONE of the following methods of payment:

_____ Cheque (made payable to the New Brunswick SPCA)

_____ VISA or _____ MasterCard #: _____

Name on Card: _____ Exp. Date (M/YY): _____

_____ Electronic Funds Transfer (send to spca@nbnet.nb.ca and password is MEMBER and put your full name in the message box)

Please send completed Membership Application and payment to:

Mail: New Brunswick SPCA, PO Box 1412, Stn. A, Fredericton, NB E3B 5E3

Email: spca@nbnet.nb.ca

Fax: (506) 458-8209

Date of Application: _____ **Signature:** _____