

# S.H.A.I.D. Membership Form

**Complete and mail this form and cheque to:**

**S.H.A.I.D. Memberships  
450 LaHave St. Unit 17 Suite 138  
Bridgewater, NS B4V 4A3**

\_\_\_\_ I would like to renew my membership/become a MEMBER for the year 20\_\_\_\_.  
Enclosed is my annual membership fee of \$10 per member.

\_\_\_\_ I would like to become a LIFE MEMBER. Enclosed is my life membership fee of \$\_\_\_\_\_

(To calculate your life membership fee, subtract your current age from 65, then multiply by \$10. Please note that anyone age 55 or older has a set life membership fee of \$100)

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_

Thank you for your support .

If you would like to be actively involved with our organization, please place a checkmark after the activities in which you are most interested.

<i>Cleaning/feeding Residents</i>		<i>Socializing Shelter Residents</i>	
<i>Walking Dogs</i>		<i>Serving on Committees/Board</i>	
<i>Cleaning Shelter and Grounds keeping</i>		<i>Shelter Maintenance and Repair</i>	
<i>Grooming Cats</i>		<i>Grooming Dogs</i>	
<i>Helping at Fundraising Events</i>		<i>Other:make a suggestion!</i>	