



WISCONSIN FEDERATED HUMANE SOCIETIES, INC. MEMBERSHIP APPLICATION

MISSION STATEMENT

WFHS improves the lives of animals by providing educational opportunities to our network of animal welfare organizations and advocates.

CRITERIA FOR MEMBERSHIP

1. Endorses the mission of the Federation.
2. Pays annual dues.
3. Actively promotes the welfare of animals.
4. Has not been convicted of, or involved in any form of animal abuse or animal theft.
5. Affirms the organizational values as reflected in the subject-specific position statements of Wisconsin Federated Humane Societies (refer to wifedhs.org).

TYPES OF MEMBERSHIP

Humane Societies (Voting) _____ (\$75 enclosed)

Any non-profit (501c3) animal welfare organization based in Wisconsin that meets the criteria listed above, and is not breed or species specific, shall be eligible to become a Humane Societies Member.

Organizational Partner (Non-Voting) _____ (\$50 enclosed)

Any 501c3 organization that meets the criteria listed above, and is breed or species specific, shall be eligible to become an Organizational Partner.

Individuals (Non-Voting) _____ (\$50 enclosed)

Any individual that meets the criteria listed above shall be eligible to become an Individual Member.

Corporate (Non-Voting) _____ (\$500 enclosed)

Any organization or corporation that meets the criteria above, and wishes to support the work of WFHS and its members, shall be eligible to become a Corporate Member.

I have read, understand and agree to the criteria of the WISCONSIN FEDERATED HUMANE SOCIETIES, INC. as stated above. Each individual member or organization must sign.

Signature _____ Date _____

Please Print Name _____

We reserve the right to deny membership to any individual or organization that does not support the mission and purpose of WISCONSIN FEDERATED HUMANE SOCIETIES, INC.

Organizational Partner, Individual or Corporate Members (Fill out this section only):

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Work Phone _____ Fax _____
E-mail _____ Web Site _____

Humane Societies Members (Fill out entire section below):

Organization Name _____
Address _____
City _____ State _____ Zip _____
Phone(s) _____ Fax _____
E-mail _____ Web Site _____

__ Shelter Manager / __ Executive Director Name(s) _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

President of Board of Directors Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

Voting Delegate for this membership year (if known):
(If this delegate will not attend the annual conference, written authorization for an alternate may be sent.)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

Please include a copy of your 501(C) letter if you have not already done so.

I am interested in volunteering for the following committee(s) (optional):

Development Communication Training & Outreach Prevention Initiatives

Please return this application and membership fee to:
Wisconsin Federated Humane Societies, Inc
Att: Laura Shinkan, WFHS Secretary
c/o Fox Valley Humane Association
N115 Two Mile Road, Appleton, WI 54914

ANNUAL DEADLINE FOR MEMBERSHIP DUES IS FEBRUARY 28th