

Texas Animal Shelter Coalition Dues Invoice/Renewal – 2010



Please print legibly.

★ Published on WWW.SHELTERCOALITION.ORG

★ Website _____

★ Organization _____

★ Org Address _____

★ City _____

★ State _____

★ Zip _____

County _____

OrgFax _____

Rep 1 FirstName _____

Rep 1 LastName _____

Rep 1 Title _____

★ Rep 1 Phone _____

Rep 1 Extension _____

Rep 1 MobilePhone _____

Rep 1 Pager _____

Rep 1 OtherPhone _____

Rep 1 E-Mail _____

Rep 2 First Name _____

Rep 2 LastName _____

Rep 2 Title _____

★ Rep 2 Phone _____

Rep 2 Extension _____

Rep 2 MobilePhone _____

Rep 2 Pager _____

Rep 2 OtherPhone _____

Rep 2 E-Mail _____

Please fill in blank spaces above with requested information.

Dues are payable each **January 1st**. Renewal dues should be paid before **March 1st**. Renewing organizations become delinquent after that time. New members' dues may be accepted at any time during the year, but **all dues expire on December 31st**.

Amount Due:

\$25 – Associate Members (Rescues, Businesses, etc.)
\$50 – Regular Members (Shelters, Contracted Entities)
\$200 – Supporting Members (State and National Entities)
More specific information is on our website.

| |
|---------------------------------|
| Amount Enclosed \$ _____ |
|---------------------------------|

Please make checks payable to:

"TASC"

Send this completed form and your check or Fax to:

TASC
c/o Tammy Kirkpatrick
P.O. Box 1209
Alvarado, TX 76009
Fax: 214-540-1349

Please update your record by filling in the blanks with correct information.

It is important that we have an email address for you, so that we may contact you about upcoming events. Home email is OK. If your email changes, please let us know.

If you would like to be on our email list, check here:
____Representative1, ____Representative 2

Each Regular-membership agency has two voting members. All meetings are open to everyone.

Questions?

Email: Angelpawsconsult@aol.com
Fax: 214-540-1349

Credit Cards



Credit Card: VISA MC DIS AMEX (circle one)

Card Number: _____

Expires: _____

Billing Address: _____

City, Zip: _____

Phone: _____

Email: _____

Name on Card: _____

Signature: _____

(Please do not send credit card numbers by email.)

Credit card payments may be faxed to 214-540-1349