



Claresholm Animal Rescue Society

PO Box 2579, 4110 - 3 Street East, Claresholm, Alberta T0L 0T0

Telephone: 403-625-5370

claresholmcares@gmail.com

www.claresholmcares.org

MEMBERSHIP FORM *** 2024-25

Name: _____ I am 18 years of age or over

Mailing Address: _____ Street Address: _____

City/Town: _____ Postal Code: _____

Home Tel #: () _____ Cell Tel #: () _____

Work Tel #: () _____ Email: _____

\$ _____ Regular Membership fee is \$20.00 annually, expiring March 31, 2025

\$ _____ Sponsor a Kennel Membership fee is \$50.00 annually, expiring March 31, 2025.

Please specify if you prefer to sponsor a cat _____ dog _____ doesn't matter _____

Signature

Witness

Date

Date

PAYMENT: Amount \$ _____ Cash ___ Cheque ___ Request a Receipt Yes ___ No ___

Make cheques payable to CARES

***Please return payment and membership form to
Doreen VanLangen, CARES Treasurer
PO Box 2579, Claresholm, AB T0L 0T0***

* Membership in CARES shall be available to those persons who are interested in furthering the objectives of CARES by approval of the Board. All memberships shall expire as of March 31.

* Every individual member whose membership fees have been paid for at least three months before the meeting, are entitled to vote at the AGM.

* Membership forms are available at the shelter to pick up, fill in & pay the Treasurer.

* 2024's AGM will be held **Thursday, March 21, 2024 7:30 p.m. at the Claresholm Public Library**, followed by the monthly Board Meeting.