



# California Animal Welfare Association

Promoting Excellence in Animal Care, Sheltering, and Law Enforcement since 1909™

Nonprofit animal welfare organizations that are not eligible for Organization membership, may apply for Affiliate membership. They receive the same benefits of membership as Organization members. Affiliate members are approved for membership after review of their application. Examples of affiliate members include 501c3 rescue organizations, nonprofit advocacy groups, foundations, and retired industry professionals. All memberships run on a calendar year basis. Affiliate Membership Dues: \$200

## MEMBERSHIP APPLICATION AFFILIATE Member

Date: \_\_\_\_\_

### GENERAL INFORMATION

name of organization \_\_\_\_\_

street address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

website \_\_\_\_\_

service area \_\_\_\_\_

**Staff** number of paid staff: full time \_\_\_\_\_ part time \_\_\_\_\_ number of volunteers: \_\_\_\_\_

**\*Primary Contact's Name** \_\_\_\_\_

mailing address (if different from above) \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

\*phone \_\_\_\_\_ ext. \_\_\_\_\_ cell \_\_\_\_\_

\*email \_\_\_\_\_ \*job title \_\_\_\_\_

**Secondary Contact's Name** (optional) \_\_\_\_\_

mailing address (if different from above) \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone \_\_\_\_\_ ext. \_\_\_\_\_ cell \_\_\_\_\_

email \_\_\_\_\_ job title \_\_\_\_\_

**Please describe your organization's affiliation with animal welfare in California. Why are you interested in membership in CalAnimals?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Organization \_\_\_\_\_

How long have you been in existence? \_\_\_\_\_

**APPLICANT SIGNATURE**

The undersigned certifies that the information in this questionnaire is, to the best of his or her knowledge, a true statement of the program and facility(ies) of the organization applying for membership with the California Animal Welfare Association and that all information given herein meets with the approval of the organization's Board of Directors.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION PROCESS**

Thank you for your interest in becoming an Affiliate Member of the California Animal Welfare Association. Please include a copy of your 501c3 verification if applicable.

Upon receipt of your completed application and any additional requested material, we will review your application and we will contact you regarding the status of your application.

**Please submit your documents to:  
Info@CalAnimals.org**

**Or send all materials to:**  
California Animal Welfare Association  
PO Box 249  
Penn Valley, CA 95946

**DUES SCHEDULE**

**Please do not send payment of dues at this time.** After your application has been reviewed and accepted, we will send you an invoice for the annual dues. Membership terms are based on the calendar year, not on the date of application. Dues are based on membership type. Memberships run on a calendar year and are not pro-rated. Affiliate Membership is \$200/year.