



MEMBERSHIP APPLICATION

Date : _____

Name(s) : _____

Address : _____

E-Mail : _____

Home Phone : _____ Business Phone : _____

Cell Phone : _____ Fax : _____

Children (Please list the names of all children in the husehold and their ages) :

I (we) are interested in:

Greyhound Adoption

Fostering

Volunteering for Needle-Nose

*Please mail this completed form, and a cheque payable to
"Needle-Nose Greyhound Adoption" in the amount of \$30 to:*
Brenda Aston
484 Mountsberg Rd, RR#2
Campbellville, ON L0P 1B0

\$30.00 Payment Received via: Cash Cheque On
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