

Bermuda SPCA Membership Application
P. O. Box WK 94 Warwick WK BX
Telephone: (441) 236-7333 Fax: (441) 236-6185

Please enroll me today as a Member of the Bermuda SPCA. Enclosed is my/our annual payment of dues for the class of Membership marked below:

Corporate Patron	\$2,000 _____	Family	\$50 _____
Corporate Sponsor	\$1,000 _____	Adult	\$30 _____
Corporate Member	\$ 500 _____	Junior/Student	\$10 _____
Life Member	\$ 300 _____	Volunteer*	\$10 _____
Supporting Member	\$ 75 _____	*must have prior permission	
Additional Donation (optional): _____		Total Amount \$ _____	

Enclosed please find my Cash OR Check OR please debit my credit card:

Visa Mastercard Easylink Island Card Butterfield Card

Card Holder's Name: _____ Card No. _____ Expiry: ___/___

Card Holder's Signature: _____ Date: _____

NAME _____ DATE _____

ADDRESS _____ PARISH _____

POSTAL CODE _____ PHONE _____ E-MAIL _____

___ Yes, you can contact me for helping with the animals at the Shelter.

___ Yes, you can call me for assistance with the SPCA's activities.