

**FRIENDS OF THE
SEAL BEACH ANIMAL CARE CENTER
MEMBERSHIP / RENEWAL APPLICATION**

Date: _____

Name: _____ Email: _____ @ _____

Phone: __ (____) _____ - _____ Cell: __ (____) _____ - _____

Address: _____ City _____ Zip: _____

MEMBERSHIP CATEGORIES

_____	SUPPORTING	\$25.00
_____	PATRON MEMBER	\$50.00
_____	BENEFACTOR	\$100.00
_____	LIFE MEMBER (no renewal required)	\$1,000.00
_____	DONATION ONLY - No MEMBERSHIP	\$ _____

_____ I AM CURRENTLY A MEMBER AND AM RENEWING MY MEMBERSHIP FOR ANOTHER
_____ YEAR AT THE ABOVE LEVEL.

_____ I AM A NEW MEMBER.

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE

PLEASE MAKE CHECKS PAYABLE AND SEND TO:

FSBACC
P.O. BOX 581
SEAL BEACH, CA 90740

VOLUNTEER OPPORTUNITIES

_____ Call or email me; I am interested in learning about the following: (please check all that apply)

You can also call the Care Center at 562-430-4993 to talk to someone about these opportunities, or send an email to contact@sbacc.org (preferred).

- | | |
|-------------------------------------------------|------------------------------------------------|
| 1. _____ Bake Sale-Baking and/or working events | 9. _____ Administrative/Clerical Support |
| 2. _____ Special Events/Fundraising | 10. _____ Animal Exercise/Care ___ Dog ___ Cat |
| 3. _____ Marketing/PR | 11. _____ Other |
| 4. _____ Maintenance of Premises | Specify: _____ |
| 5. _____ Social Media | |
| 6. _____ Foster Care (cats/kittens) | |
| 7. _____ Animal Transportation | |
| 8. _____ Community Outreach | |