



The Anguilla Animal Rescue Foundation

Membership Form

Annual Fees

<i>(Please check one)</i>	EC\$	US\$
_____ Individual	\$ 53.00	\$ 20.00
_____ Family	\$ 80.00	\$ 30.00
_____ Corporate	\$300.00	\$112.00
_____ Student (Under age 18)	\$ 13.00	\$ 5.00
_____ Senior (65 and over)	\$ 13.00	\$ 5.00

Please accept my additional donation of \$ _____ to help the animals of Anguilla.

Receipt Required: _____ Yes _____ No

Last Name: _____

First Name(s): _____

Address: _____

PO Box: _____

City: _____

State (US Residents): _____

Zip/Country Code: _____

Country: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Please make check or money order payable to **Anguilla Animal Rescue Foundation** and mail this form and your payment to the following address:

The Anguilla Animal Rescue Foundation
PO BOX RI 4228
Anguilla, BWI AI-2640
264-476-2731

Amount Paid: _____ Cash: _____ Check #: _____ Date: _____