



ANIMAL CARE TRUST

MEMBERSHIP APPLICATION

Name : _____
 Age : _____
 Occupation : _____
 Address : _____
 Contact Numbers : (Off) _____ (Res) _____ (Fax) _____
 E-mail ID : _____

Please indicate your choice of membership

Child Annual Annual Corporate Annual

Please indicate your areas of interest

Rescue operations Fund raising Prevention of cruelty towards animals
 Education programs Creating awareness Others (please specify) _____

Please indicate the days and timings (in the blank spaces) you can spare for volunteering

Monday _____ Thursday _____ Sunday _____
 Tuesday _____ Friday _____
 Wednesday _____ Saturday _____

Terms & Conditions

1. ACT reserves the right to reject/ cancel any application for reasons which may not be disclosed.
2. Members can enforce the PCA Act as stated by law.
3. The membership cannot be transferred

Application No. : _____ Date: _____ Applicant's Signature

Please fill in your payment details

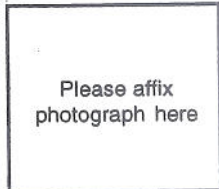
Instrument: Cheque Pay Order Demand Draft Cash

No.: _____ Date: _____ Drawn: _____

For office use only

Alloted I.D. No.: _____ Date: _____ Receipt No.: _____

Remarks :



Memberships: Child Annual: Rs. 50/- Annual : Rs. 250/-
 Student Rs: 100/- Corporate Annual: Rs. 5,000/-