



# MEMBERSHIP APPLICATION

Thank you for your interest in the Society of Animal Welfare Administrators. You may apply online at [www.sawanetwork.org](http://www.sawanetwork.org), or complete the following application. All fields are required unless noted otherwise. Questions? Please feel free to contact Jeannie Grigg, SAWA VP, at 888.600.3648.

Applicant Name:		Professional Credentials:	Date:
Agency Name:			
Title or Position:			Since:
Address:			
City:		State:	Postal Code:
Work Phone:	Ext:	Mobile Phone:	
Fax:	E-mail:		
Website:			
Supervisors Name:		Supervisor's Title	

**About Your Agency**  
The following fields are required. Please check one box only.

<input type="checkbox"/> Humane Organization		<input type="checkbox"/> Governmental Animal Control or Animal Services Agency	
<input type="checkbox"/> Humane Organization w/ Governmental Contract			
Annual Budget: \$	Does Your Agency Shelter Animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Animals Received Each Year:			
Products and Services Your Agency Provides:			

**Industry Partner Information**  
Complete this section if you are applying for an Industry Partner Membership.

<input type="checkbox"/> Business	<input type="checkbox"/> Other (please explain):
Programs & Services Your Business Provides:	

## About You

Memberships/affiliations with other animal related organizations:	
Why are you interested in joining SAWA?	
Number of direct reports you supervise?	
How did you learn about SAWA?	

COMMUNICATION CONSENT: I consent to receive e-mails by or on behalf of SAWA \_\_\_\_ Yes \_\_\_\_ No

### Membership Levels/Fees/Qualifications

Please check the level of membership for which you are applying.

- Executive Membership (\$210): Individuals functioning as the chief executive of an agency that operates an animal care and welfare organization, animal care and control agency, or agency that enforces animal regulations. The member's organization/agency must be either a not for profit in good standing, or a government agency whose mission is to serve animals and the public safety.
- Manager Membership (\$190): Individuals functioning as a manager or supervisor of an agency that operates an animal care and welfare organization, animal care and control agency, or agency that enforces animal regulations. The member's organization/agency must be either a not for profit in good standing, or a government agency whose mission is to serve animals and the public safety.
- Associate Membership (\$185): All other party individuals interested in the field of animal welfare and control (excluding for-profit businesses), including, but not limited to agency board members or government commissioners.
- Industry Partner Membership (\$250): Vendors (individuals) to the trade.
- Retired Membership: Prior society executive or manager members in good standing, who are at least 55, have officially retired from animal welfare or animal care and control, have been a SAWA member for at least 10 years, and in the industry for at least 20 years.

Mail your completed application, tax information (IRS Form 990, EIN or international equivalent) along with your check payable to SAWA to the address below. If you prefer to pay by credit card, please complete the attached credit card authorization form. Membership will be approved within two weeks by the SAWA Membership Committee. Please contact our office at 888.600.3648 should you have any questions or concerns.

**Society of Animal Welfare Administrators**  
**Attn: SAWA Membership**  
**15508 Bell Road, Suite 101-613**  
**Surprise, AZ 85374**

Phone: 888.600.3648  
Fax: 866.299.1311  
E-mail: [membership@sawanetwork.org](mailto:membership@sawanetwork.org)  
[www.sawanetwork.org](http://www.sawanetwork.org)



# CREDIT CARD AUTHORIZATION

**Please print clearly**

Name of Applicant: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

## Credit Card Information

Card Type:                       Visa                       MasterCard                       AMEX

Name on Card  
(if different from above): \_\_\_\_\_

Credit Card #:                      

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Expiration Date:                      \_\_\_\_\_ / \_\_\_\_\_                      Sec. Code    \_\_    \_\_    \_\_    \_\_    (Three or Four digits on back of card)

\$ \_\_\_\_\_

## Billing Information For This Credit Card (Information on Credit Card Holder)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_