



Society of Animal Welfare Administrators

MEMBERSHIP APPLICATION

Thank you for your interest in the Society of Animal Welfare Administrators. Please complete the following application. All fields are required unless noted otherwise. You may also apply online at www.sawanetwork.org. Questions? Please feel free to contact Jeannie Grigg, SAWA Membership and Marketing Director, at 888.600.3648.

Applicant Name:		Date:	
Agency Name:			
Title or Position:		Since:	
Address:			
City:		State:	Postal Code:
Work Phone:	Ext:	Mobile Phone:	
Fax:	E-mail:		
Website:			
Name of Person To Whom You Directly Report:			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 a 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?		
How did you learn about SAWA?		
Would you be interested in participating on SAWA committees, including representing SAWA on strategic alliances / partnerships with other organizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Membership Levels/Fees/Qualifications

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

- | | |
|---|---|
| <input type="checkbox"/> Executive Membership (\$200): | Individual functioning as the chief executive of an agency that operates an animal care and control organization or an organization that enforces animal regulations. |
| <input type="checkbox"/> Manager Membership (\$175): | Managers or supervisors at an agency that operates an animal care and control organization or an organization that enforces animal regulations. |
| <input type="checkbox"/> Associate Membership (\$175): | All other parties interested in the field of animal welfare and control (excluding for-profit businesses), including board members or government commissioners. |
| <input type="checkbox"/> Industry Partner Membership (\$225): | Vendors to the trade. |
| <input type="checkbox"/> Retired Membership | Society members for a minimum of 15 years, in good standing, who have officially retired from animal care and control management. |

Mail your completed application 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: sawaconnect@ymail.org
www.sawanetwork.org



**YOUR PASSION
IS OUR MISSION.**



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: _____ / _____

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

Address: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Phone Number: () _____

Signature of Cardholder: _____

Date: _____