



# New Member/Renewal Form



## Your Contact Information

Name:	Phone:
Address:	Alternate Phone:
City	Email:
State	ZIP

## Your Interests

I am interested in volunteering for GRRAND. To see how you can become a part of the rescue effort, go to [www.grrand.org](http://www.grrand.org) and select the Volunteer Page.

Please tell us about yourself. We would like to know your interests and background.

## Membership Levels and Payment Options

I would like to become a member.       I am renewing my membership.

**Select Type of Membership:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$25 Individual           | <input type="checkbox"/> \$250 Golden Friend          | <input type="checkbox"/> \$2,500 Alpha Dog Sponsor |
| <input type="checkbox"/> \$50 Family               | <input type="checkbox"/> \$500 Big Pup Sponsor        |  |
| <input type="checkbox"/> \$100 Contributing Member | <input type="checkbox"/> \$1,000 Golden Crown Sponsor |  |

- Check Enclosed (Make check payable to GRRAND)
- Credit Card – Type of Card \_\_\_\_\_ (MC, VISA, AMX, etc.)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Send the completed membership application with a check or credit card information to:

**GRRAND**  
**P.O. Box 6132**  
**Louisville, KY 40206**

Thank you for your loyalty to GRRAND!