

HSO Membership Form

"I/we wish to provide the following financial support to help care for the animals at the HSO Shelter for the upcoming year!"

Please fill out the form below. Select the Membership that best suits you. Perhaps you want to check the Donor box and give an amount not designated. All gifts of any amount are deeply appreciated!

NOTE: All Membership types include voting privileges at all general meetings, including elections.

Your Name	
First If you own a busin	Last ness, what is your business name
Your Email Address	Your Phone Number
Your Mailing Address	Your City, State & Zip
Tour Maning Address	Tour city, state & Zip
Me	embership Type:
Individual - \$15/yr	Family - \$20/yr Business -\$40/yr
Additional D	onation: \$

mail with your payment to: HSO, PO Box 845, Mena, AR, 71953

Thank you so much for your support of HSO!