



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

Last

If you own a business, what is your business name

Your Email Address

Your Phone Number

Your Mailing Address

Your City, State & Zip

Membership Type:

_____ Individual - \$20/yr _____ Family - \$30/yr _____ Business -50/yr

Additional Donation: \$_____

mail with your payment to:

HSO, PO Box 845, Mena, AR, 71953

Thank you so much for your support of HSO!