



***P.E.T.S. of Marion County, Inc.***  
***Partners in Education, Training and Support***  
***Membership Application***

\_\_\_\_\_

***Last Name*** ***First Name*** ***Preferred Nickname***

\_\_\_\_\_

***Address***

\_\_\_\_\_

***City*** ***State*** ***Zip Code***

\_\_\_\_\_

***Home Phone Number*** ***Cell Phone*** ***Work Number***

\_\_\_\_\_

***Email Address:***

***What is the preferred way for us to contact you?***

*Home Phone*     *Cell Phone*     *Work Phone*     *Email*     *Text*

***Please mark your areas of interest (check all that apply):***

<input type="checkbox"/> <i>Make cat/dog blankets</i>	<input type="checkbox"/> <i>Grant Writing</i>
<input type="checkbox"/> <i>Make privacy curtains for cat cages</i>	<input type="checkbox"/> <i>Speaker's Bureau/Community Outreach</i>
<input type="checkbox"/> <i>Make cat toys</i>	<input type="checkbox"/> <i>Helping with fundraising events</i>
<input type="checkbox"/> <i>Photograph cats or dogs</i>	<input type="checkbox"/> <i>Volunteering at the Animal Center(a separate application is required for this)</i>
<input type="checkbox"/> <i>Making enrichment items for dogs</i>	<input type="checkbox"/> <i>Other</i>

***Please list any special skills that you feel would benefit this organization (for example, sewing, clerical, computer skills, social media skills)***

\_\_\_\_\_

\_\_\_\_\_

***I am interested in joining P.E.T.S. and volunteering my time and talents to help animals of Marion County.***

\_\_\_\_\_

***Signature*** ***Date***

***Please return this application to the Marion County Animal Center or mail to:***

***P.E.T.S. of Marion County, Inc. P.O. Box 773431 Ocala, FL 34477***

***or email to: [Membership@petsofmarion.org](mailto:Membership@petsofmarion.org)***