



Wisconsin Federated Humane Societies, Inc. Membership Application

Mission Statement

Wisconsin Federated Humane Societies' mission is providing resources and opportunities, dedicated to promoting and advancing the humane care of all animals.

Criteria for Membership

- Endorses the mission of the Federation
- Pays annual dues
- Actively promotes the welfare of animals
- Has not been convicted of, or involved in any form of animal abuse or theft
- Affirms the organizational values as reflected in the subject-specific position statements of WFHS. (see enclosed)

Membership Levels

Humane Society

Any nonprofit 501(c)(3) animal welfare organization based in Wisconsin that meets the criteria for membership and is not breed or species specific. Voting. Dues based on the number of animals entering the animal shelter annually.

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|---|-------|
| <input type="checkbox"/> Neighborhood (up to 1,500 animals) | \$50 |
| <input type="checkbox"/> Community (1,501 to 3,000 animals) | \$100 |
| <input type="checkbox"/> Region (3,001 and more animals) | \$150 |

Organizational Partner \$50

Any nonprofit 501(c)(3) organization that meets the criteria for membership and is breed or species specific. Non-voting.

Individual \$50

Any individual who meets the criteria for membership. Non-voting.

Corporate \$250

Any organization that meets the criteria for membership and wishes to support the work of WFHS and its members. Non-voting.

Enforcement Partner \$75

Any law enforcement agency or humane officer that meets the criteria for membership. Non-voting.

Contact Information

Main Contact: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

I have read, understand, and agree to the criteria of the Wisconsin Federated Humane Societies, Inc. as state above.

Signature: _____ Date: _____

Print Name: _____

Additional Information

Required only for Humane Society and Organizational Partner members.

Lead Staff Person Name: _____

Title: _____

Board President Name: _____

After Hours Emergency Contact Name: _____

Phone: _____

Please return completed application and dues* to:

Wisconsin Federated Humane Societies, Inc.
ATTN: Marnie Brown, Membership Chair
c/o The Washington County Humane Society
3650 State Road 60
Slinger, WI 53086

*Please make checks payable to WFHS.

Wisconsin Federated Humane Societies reserves the right to deny membership to any individual or organization that does not support its mission and purpose.