



Thank you for your interest in The Association for Animal Welfare Advancement (The Association, formerly SAWA). You may apply online at www.TheAAWA.org, or complete the following application. All fields are required unless noted otherwise. Questions? Please feel free to contact Susannah Poe, The Association Administrative Assistant for further assistance, at 888.600.3648.

Applicant Name:		Professional Credentials:	Date:
Agency Name:			
Title or Position:			Since:
Address:			
City:	State:	Postal Code:	
Work Phone:	Ext:	Mobile Phone:	
Fax:	E-mail:		
Website:			
Supervisor's Name:		Supervisor's Title	

Animal Welfare Professional Applicant
 The following fields are required. Please check one box only.

<input type="checkbox"/> Humane Organization		<input type="checkbox"/> Governmental Animal Control or Animal Services Agency	
<input type="checkbox"/> Humane Organization with Government Contract		<input type="checkbox"/> No current employer, but I am an animal welfare professional	
Annual Budget: \$	Does Your Agency Shelter Animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Animals Received Each Year:			
Products and Services Your Agency Provides:			

Industry Partner Applicant
 Complete this section if you are applying for an Industry Partner Membership.

<input type="checkbox"/> Business	<input type="checkbox"/> Other (please explain):
Programs & Services Your Business Provides:	

Student Applicant

Complete this section if you are applying for a Student Membership.

School:

Division Head Name/e-mail:

Advisor Name/email:

Expected day of graduation:

About You

Memberships/affiliations with other animal related organizations:

Why are you interested in joining The Association?

Number of direct reports you supervise?

How did you learn about The Association?

COMMUNICATION CONSENT (required): I consent to receive e-mails from The Association ___Yes ___ No

Membership Levels/Fees/Qualifications

Please check the level of membership for which you are applying.

- Animal Welfare Professional \$250/yr
Any individual, functioning as the chief executive, managerial or non-managerial position of an agency, in good standing, that operates an animal welfare or animal care and control operation or an organization that enforces animal regulations. Any individual interested in the field of animal welfare or animal care and control, to include association professionals, agency board members, or government commissioners. Anyone that serves as a vendor to the trade would not qualify for this membership level.
- Student \$15/yr
Any individual who is preparing for a career in animal welfare and is currently enrolled full or part time at an accredited degree-granting college or university. The student shall not be employed full time by an animal welfare organization; and shall not be joining to promote a business.
- Industry Partner 250/yr
Vendors (individuals) to the trade.
- Retired
Prior society executive or manager members in good standing, who are at least 55, have officially retired from animal welfare or animal care and control, have been a member of The Association for at least 10 years, and in the industry for at least 20 years.

Mail your completed application, tax information (IRS Form 990, EIN or international equivalent) if applying for Animal Welfare Professional, along with your check payable to The Association to the address below. If you prefer to pay by credit card, please complete the attached credit card authorization form. Membership will be approved within two weeks by the Membership Committee. Please contact our office at 888.600.3648 should you have any questions or concerns.

The Association for Animal Welfare Advancement
15508 Bell Road, Suite 101-613
Surprise, AZ 85374

Phone: 888.600.3648
Fax: 866.299.1311
E-mail: membership@TheAAWA.org
www.TheAAWA.org



Please print clearly

Name of Applicant: _____

Phone Number: _____

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Credit Card Information

Card Type:

Visa

MasterCard

AMEX

Name on Card
(if different from above): _____

Credit Card #:

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Expiration Date: _____ / _____

Sec. Code ____ (Three or Four digits on back of card)

\$ _____

Billing Information For This Credit Card (Information on Credit Card Holder)

Address: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Phone Number: _____

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Signature of Cardholder: _____

Date: _____