



**VERMONT
HUMANE
FEDERATION**

Application for Membership

Name of Organization:

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Does your organization have a brick and mortar facility? Yes No

Physical address (if different): _____

Town: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Date of Incorporation: _____

Is your organization recognized by the IRS as a 501(c) 3 tax exempt organization?

Yes No Pending

If yes, what is your Federal EIN number? _____

What is your organization's mission statement? _____

Why does your organization wish to join the Vermont Humane Federation?

Please list the principal officers/directors of your organization (or attach a list).

Please provide contact information for three professional references:

Annual dues for 2018 based on annual operating budget:

\$100	(up to \$50,000)
\$125	(\$50,001-\$100,000)
\$150	(\$100,001-\$250,000)
\$200	(\$250,001-\$500,000)
\$300	(\$500,001 +)

Membership applications will be reviewed by the VHF Board of Directors at the quarterly meeting (March, June, September, December) following receipt of your application and you will be contacted shortly thereafter. The VHF Board of Directors reserves the right to deny membership following review.