

PAWS

PETS AND ANIMALS WELFARE SOCIETY

Circle the committee(s) you would like to participate in:

Walk Dogs	Bathe Dogs	Play with Cats	Clean Cat Cages
Information Booth	Special Events	Donating Food	Fund-raisers

Circle the days & times you are able to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Please Print

Participant Name: _____ Sex: F__ M__ Telephone: H _____

C _____

E-mail: _____

P _____

Birth Date: _____

Address: _____ City: _____ Zip: _____

Signature: _____ Today's Date: _____

Membership Information Card

Name:

Classification:

Major:

Do you live on campus, in Arlington or:

Something I can contribute to the success of PAWS during the next year is:

What do you want to accomplish or get out of your membership in this organization:

What will you do to help PAWS accomplish that goal:

Is there a program or particular area of interest that you want to be more involved w/ PAWS in? (visit HSNT and PETSMART, garage sale, info booths, bake sales, newspaper donations to HSNT)

What do you think the purpose of PAWS is?