

# Membership Application

The Angels Against Abuse, Inc.



The mission of the Angels is to raise awareness and educate the community with regard to existing neglect and abuse against children and youth. To provide support, monetarily and through hands-on volunteer hours, to neglected and abused children and families who are at risk of losing their children. Please visit our website: [www.angelsagainstabuse.org](http://www.angelsagainstabuse.org) for more information.

The Angels Against Abuse, Inc. became a non-profit 501 (c) 3 corporation November 14, 2008.

Membership Type:      New       Existing       Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other: \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**OTHER ORGANIZATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your AREA of INTEREST and any SPECIAL TALENTS:

\_\_\_ Volunteering

\_\_\_ Fundraising

\_\_\_ Special Talents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TYPES OF MEMBERSHIP** (Please choose one):

\_\_\_ CONTRIBUTING ONLY (\$50)

\_\_\_ ACTIVE (\$25)

Contributing but not active on a Committee

Serving on Committee/s and/or volunteering

**ANNUAL DUES** are payable by **May 1<sup>st</sup>**. Dues for **NEW** members joining after January 1<sup>st</sup> shall be considered paid for the ensuing fiscal year. Please return this completed form with dues to:

***Sandy Kearney, President, 5404 Leilani Drive, St. Pete Beach, FL***

Referred by \_\_\_\_\_ (Date) \_\_\_\_\_

President \_\_\_\_\_ (Date Received) \_\_\_\_\_