



P.O. Box 1603 Carmichael, CA 95609-1603
www.carmichaelcaninecorralassn.org

MEMBERSHIP APPLICATION & DONATION FORM

Check ALL that apply: New Member _____, Membership Renewal _____, Donation _____

Name: _____

Address: _____

Phone #: _____ Cell #: _____

E-Mail: _____

Membership Type (check one):

1 Year @ \$25.00____, 2 Years @ \$40.00 _____, 3 Years @ \$50.00____ (best deal!)

Donation Amount: \$_____ Note: Donations are appreciated, but are not tax deductible.

Total Amount of payment: \$_____ Make check payable to “**CCCA**” and mail to:
P.O. Box 1603 Carmichael, CA 95609-1603 or drop it off at the Dog Park in the Iron Ranger.

NOTE: By signing below you are agreeing to follow ALL rules posted at the Carmichael Canine Corral dog park.

Signature: _____ Date: _____

VOLUNTEER OPPORTUNITIES: Please check ALL that you are interested in.

Board of Directors: _____

Fundraising: _____

Membership: _____

Park work and cleanup: _____

Special Events: _____

Other (please specify): _____

Volunteers keep the dog park CLEAN, SAFE and FUN! It's up to YOU!!!

Visit our website for news and additional information: www.carmichaelcaninecorralassn.org