

Open to organizations that are incorporated as a society for the prevention of cruelty to animals and governmental animal care and control agencies (including police departments with animal control responsibilities). Organization members are approved for membership after review of their application.

## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

### GENERAL INFORMATION

name of organization \_\_\_\_\_

street address \_\_\_\_\_

city \_\_\_\_\_

state \_\_\_\_\_

zip \_\_\_\_\_

website \_\_\_\_\_

service area \_\_\_\_\_

**Staff** number of paid staff: full time \_\_\_\_\_

part time \_\_\_\_\_

number of volunteers: \_\_\_\_\_

### Primary Contact's Name

mailing address (if different from above) \_\_\_\_\_

city \_\_\_\_\_

state \_\_\_\_\_

zip \_\_\_\_\_

phone \_\_\_\_\_

ext. \_\_\_\_\_

fax \_\_\_\_\_

email \_\_\_\_\_

job title \_\_\_\_\_

### Secondary Contact's Name (optional)

mailing address (if different from above) \_\_\_\_\_

city \_\_\_\_\_

state \_\_\_\_\_

zip \_\_\_\_\_

phone \_\_\_\_\_

ext. \_\_\_\_\_

fax \_\_\_\_\_

email \_\_\_\_\_

job title \_\_\_\_\_

Applying as **GOVERNMENT ANIMAL CONTROL AGENCY** Check here ☐

Applying as a **NON-PROFIT ANIMAL WELFARE ORGANIZATION** Check here ☐

**For Non – Profits** ----The organization is incorporated as a Humane Society/SPCA under:

☐ Section 10400 of the California Corporations Code

☐ the General Nonprofit Corporations Law

Date incorporated \_\_\_\_\_ Annual budget \$ \_\_\_\_\_

### SHELTER (if applicable)

Number of Shelter Facilities ? \_ \_ \_

#### Our shelter(s) can accommodate:

Under usual circumstances dogs \_\_\_\_\_ cats \_\_\_\_\_ large animals \_\_\_\_\_

In an emergency dogs \_\_\_\_\_ cats \_\_\_\_\_ large animals \_\_\_\_\_

**For all AGENCIES -  
SERVICES**

**Does your organization:**

YES NO  
Operate an animal shelter? . . . . . ☐ ☐  
If no, are you planning to build one? . . ☐ ☐  
If yes, when? \_\_\_\_\_  
Operate a physical adoption center?. . . . . ☐ ☐  
Operate a spay/neuter clinic? . . . . . ☐ ☐  
Provide spay/neuter vouchers? . . . . . ☐ ☐  
Operate a veterinary hospital? . . . . . ☐ ☐  
Maintain a wildlife department? . . . . . ☐ ☐

YES NO  
Investigate complaints of cruelty/  
neglect to animals? . . . . . ☐ ☐  
Prosecute cruelty/neglect to animals? . . . . ☐ ☐  
Conduct educational outreach? . . . . . ☐ ☐  
Offer adoption services? . . . . . ☐ ☐  
Accept owner-surrendered pets? . . . . . ☐ ☐  
Operate other services not listed above? . . ☐  
If yes, please describe:  
\_\_\_\_\_

**Our organization contracts to provide:**

☐ Animal control field services – To what city(ies) and/or county(ies)? \_\_\_\_\_  
☐ Shelter housing services – To what city(ies) and/or county(ies)? \_\_\_\_\_

**Spay Neuter**

Do you offer spay/neuter services to the public? Yes ☐ No ☐

How many animals were spayed/neutered during the previous calendar year? Public pets \_\_\_\_\_ Shelter pets \_\_\_\_\_

**Intakes**

During the last year, how many animals did your organization take in? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Livestock \_\_\_\_\_

**Outcomes**

During the last year, how many animals were: Returned to Owner \_\_\_\_\_ Adopted/Transferred \_\_\_\_\_  
Euthanized \_\_\_\_\_ Owner Requested Euthanasia \_\_\_\_\_

**Data**

Is your organization an active participant in Shelter Animals Count? Yes ☐ No ☐

**Staffing Resources**

Number of Animal Control Officers \_\_\_\_\_ Number of Veterinarians on staff \_\_\_\_\_  
Number of Humane Officers: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Number of RVTs on staff \_\_\_\_\_  
  
Number of Animal Care Staff \_\_\_\_\_  
Number of Customer Care Staff \_\_\_\_\_

**APPLICANT SIGNATURE**

The undersigned certifies that the information in this questionnaire is, to the best of his or her knowledge, a true statement of the program and facility(ies) of the organization applying for membership in the California Animal Welfare Association.

Name \_\_\_\_\_ Title \_\_\_\_\_  
  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION PROCESS

Thank you for your interest in becoming a member of the California Animal Welfare Association. Upon receipt of your completed application and the requested materials, we will review your application and after the review, we will contact you regarding the status of your application. If your organization is incorporated as a society for the prevention of cruelty to animals, please also provide a copy of your 501(c) (3) IRS determination letter. (non-profits only)

### Send all materials to:

California Animal Welfare Association  
Attn: Marcia Mayeda  
5898 Cherry Ave  
Long Beach, CA 90805

Or

### Scan the application and email it to:

[Info@calanimals.org](mailto:Info@calanimals.org)

## DUES SCHEDULE

**Please do not send payment of dues at this time.** After your application has been reviewed and accepted, we will send you an invoice for the annual dues. Membership terms are based on the calendar year, not on the date of application. Dues are based on membership type. Please read the next section to determine your membership type and dues.

## MEMBERSHIP LEVELS

### Organization Memberships

Open to organizations that are incorporated as a society for the prevention of cruelty to animals and governmental animal care and control agencies (including police departments with animal control responsibilities).

Dues for Organization members are:

<u>NUMBER OF FULL-TIME EMPLOYEES</u>	<u>ANNUAL DUES</u>
0 – 5	\$100
6 – 20	\$250
21-50	\$350
51 or more	\$400

### Affiliate Membership

Those agencies and organizations not eligible for Organization membership, such as nonprofit animal interests groups may apply for Affiliate membership. Affiliate members receive the same benefits of membership as Organization members.

Dues for Affiliate members are \$150. If you are applying for Affiliate Membership, there is a different application. Contact us and we will gladly send it to you.

Memberships run on a calendar year and are not pro-rated.