



Supporting Membership Application

I would like to become a Supporting Member of Animal Health and Safety Associates/Pixie Projects.

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

_____ I am enclosing \$30 for a yearly Supporting Membership.

Signature _____ Date _____



I wish to charge my Supporting Membership to:

_____ Visa _____ M/C _____ Discover or I am enclosing a check/cash _____

Card # _____

3-digit code _____ Exp. Date _____

Signature _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

We are an all volunteer organization with all help going directly to the animals.

**Please fill out and mail to:
Animal Health and Safety Associates
1175 Shaw Avenue Ste. 104-151
Clovis, CA 93612-3932**