



FLORIDA ALLIANCE FOR ANIMAL OWNERS RIGHTS

1912 Hoot Owl Hill • Tallahassee, Florida 32317

info@faaor.org

Supporting Choice in Animal Health Care • Promoting Optimal Animal Health

APPLICATION FOR MEMBERSHIP

Applicant: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Fax _____ Email: _____

Annual Dues: \$25/yr. Regular Member (Animal Owner/Interested Individual)

\$100/yr. Associate Member (Interested Business/Association)

Acknowledgement

By signing below, I acknowledge that I am:

- (a) applying for membership in FAAOR; and
- (b) interested in advocating laws, rules and policies that allow animal owners to choose non-veterinary animal health care service providers to provide certain types of care for their animals .

Permission

By signing below, I grant permission to FAAOR to contact me by email/fax/mail/telephone. I understand that FAAOR will not share my address/email/telephone/fax with other organizations without my permission. My preferred method of communication is:

email fax mail telephone

Applicant Signature: _____

(If electronic signature, type name twice)

Date: _____