



2024 Membership Renewal Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Email: _____

Please make your check payable to **PAWS for People** and send with this form to:
PAWS for People, PO Box 9955, Newark, DE 19714

Enclosed, please find: \$

Active Membership

1 Person/1 Pet\$50.00 X ____ = _____

1 Additional Pet per person*25.00 X ____ = _____

4 or more Additional Pets, maximum100.00 X ____ = _____

Teen Membership*25.00 X ____ = _____
(ages 11-18, authorized to handle pet)

Junior Membership*10.00 X ____ = _____
(ages 10 and under, not authorized to handle pet)

** Available only in conjunction with Active membership*

Inactive50.00 X ____ = _____

Retired35.00 X ____ = _____

Associateminimum donation of 25.00 X ____ = _____

Donation\$ _____

My donation is ☐ in honor of ☐ in memory of: _____

Please notify the following of my gift: _____

Address: _____

We are glad to have you as a PAWS member!