



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 _____

NON-PROFIT MANAGEMENT (if applicable)

The organization is incorporated as a Humane Society/SPCA under:

- Section 10400 of the California Corporations Code the General Nonprofit Corporations Law

Date incorporated _____

Does the organization meet all provisions required in CA Corporations Code Section 14502? Yes No

Number of Board Members _____ Board meets _____ times per year _____

Who determines the organization's programs and policies?

Name and title _____

Annual budget \$ _____ Annual revenue \$ _____

How often are the organization's financial records audited? _____

SERVICES

Does your organization:

	YES	NO		YES	NO
Operate an animal shelter?	<input type="checkbox"/>	<input type="checkbox"/>	Investigate complaints of cruelty/ neglect to animals?	<input type="checkbox"/>	<input type="checkbox"/>
If no, are you planning to build one? . .	<input type="checkbox"/>	<input type="checkbox"/>	Prosecute cruelty/neglect to animals?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____			Conduct educational outreach?	<input type="checkbox"/>	<input type="checkbox"/>
Operate an adoption center?	<input type="checkbox"/>	<input type="checkbox"/>	Operate other services not listed above? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Operate a spay/neuter clinic?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please describe:		
Provide spay/neuter vouchers?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Operate a veterinary hospital?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Maintain a wildlife department?	<input type="checkbox"/>	<input type="checkbox"/>			

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)? _____

EUTHANASIA

Does anyone in your organization euthanize animals? YES NO

If yes:

 What methods are used to euthanize animals?

 Who is authorized to euthanize the animals?

Are all those individuals using sodium pentobarbital to euthanize trained in accordance with Section 2039 of the California Code of Regulations? YES NO

SHELTER (if applicable)

Year Built _____ Date(s) of Renovations _____

Type of shelter construction? Brick Wooden frame Concrete Block Other

Please explain: _____

Are dogs and cats housed separately? YES NO

Our shelter can accommodate:

Under usual circumstances _____ dogs _____ cats _____ large animals

In an emergency _____ dogs _____ cats _____ large animals

Adoption

When placing animals in new homes:

(a) Do you have a set service fee or donation for animals? YES NO

(b) Do you require new adopters to sign an adoption contract? YES NO

(c) Do you place dogs and cats according to CA Food & Agricultural Code Sections 30503 and 31751? YES NO

- Do you inspect homes before placement?
- Do you inspect homes after placement?
- Do you follow up in person or by letter?
- Do you exchange, without charge, sick or unsuitable animals?
- Do you alter all animals before they are placed in a new home?

If not, why? _____

Spay Neuter

How many animals were spayed/neutered during the previous calendar year? _____

At what age do you do pediatric spays/neuters? _____

Health and Safety

Do you have a veterinarian or RVT on staff? YES NO

If not, who administers veterinary care to shelter animals? _____

Do you vaccinate all incoming shelter animals?

Do you have a disaster response plan?

Can you provide disaster support to your community?

Disposition

During the last year, how many shelter animals were:

Returned to Owner _____ Adopted _____ Euthanized _____ Other _____

Is there compulsory animal surrender legislation in your city or county either requiring or forbidding you to surrender animals for use in experimentations? ... FORBID REQUIRE N/A

Does your organization provide live animals to medical institutions? YES NO

If yes, how many animals were provided last year? _____

HUMANE OFFICERS (if applicable)

Number of humane officers: Level 1 _____ Level 2 _____

Were they appointed as required by CA Corporations Code Section 14502? YES NO

Do they complete continuing education as required by CA Corporations Code Section 14502? ..

Do they carry firearms?

If yes, have they met all the requirements for carrying a firearm?

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 State Humane Association of California and that all information given herein meets with the approval of the organization's Board of Directors.

Name _____ Title _____

Signature _____ Date _____

APPLICATION PROCESS

Thank you for your interest in becoming a member of the State Humane Association of California. Please include copies of the following documents with your completed application:

1. 501(c)3 letter (non-profits only)
2. Mission Statement
3. Names and titles of program directors
4. Names and titles of members of Board of Directors (non-profits only)
5. Names, level and appointment date of all humane officers (if applicable)
6. Copy of your newsletter (if applicable)

Upon receipt of your completed application and the requested materials, we will distribute them to our Board of Directors and, after their 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, we will contact you to schedule a required visit to your facility.

Send all materials to:

State Humane Association of California
P.O. Box 2098, El Cerrito, CA 94530

Fax: (510) 525-2772
Email: info@californiastatehumane.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 TYPE

There are two types of memberships: **Organization** and **Affiliate**.

Organization Membership

Open to organizations that are incorporated as a society for the prevention of cruelty to animals and 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 – 19	\$200
20 or more	\$300

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.