



# Bowie CLAW Membership Application

Annual Membership Application (please indicate one):  New  Renewal  
Membership period runs on a calendar year (January 1st thru December 31st)

Name \_\_\_\_\_  
(If renewal, you need only fill out the fields for which information has changed since last year.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Please let us know if anyone referred you so we may thank them:

\_\_\_\_\_

**Please make check payable for \$ 25.00 (individual) or \$40 (family of 2 from same address) to: Bowie CLAW, and send it to P. O. Box 116, Bowie, Maryland 20719. Thank you!**

As a member of Bowie Citizens for Local Animal Welfare, I pledge to do the following:

1. Support the improvement of animal welfare in Bowie and throughout Maryland.
2. Support the mission, policies and projects of Bowie CLAW.
3. Adhere to and exceed all laws regarding the humane treatment of pets and other animals.
4. Contribute to the success of Bowie CLAW by attending organization meetings, volunteering at Bowie CLAW events, and contributing ideas and efforts toward improving animal welfare in Bowie and throughout Maryland.
5. Conduct myself in an appropriate manner at Bowie CLAW events and when interacting with the public as a self-identified agent of Bowie CLAW.

*Membership approval and maintenance is governed by the Bowie CLAW Bylaws.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

For use by Membership Committee PAID: Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

Application Disposition Approved \_\_\_\_\_ Denied \_\_\_\_\_

Certified By \_\_\_\_\_ Date \_\_\_\_\_