



MS-FACT Membership Form

Dear Prospective Member, welcome to MS-FACT! Please answer questions 1-7 in the space provided in **COLUMN 2**. (This information will be treated as confidential by MS-FACT and will not be disclosed by MS-FACT to any other organization.)

Please print or type your information in COLUMN 2 of this form. You may pay your membership fee via PayPal on our website at www.ms-fact.org or mail a check or money order to:

MS-FACT
P.O. Box 1485
Madison, MS 39130

COLUMN 1	COLUMN 2
1. PROSPECTIVE MEMBER'S FULL NAME:	
2. PROSPECTIVE MEMBER'S ADDRESS(ES) (mailing and physical), INCLUDING ZIP CODE:	
3. PROSPECTIVE MEMBER'S TELEPHONE NUMBERS (HOME, WORK, CELL):	(H): (W): (C):
4. PROSPECTIVE MEMBER'S E-MAIL ADDRESS(ES):	(H): (W):
5. IS PROSPECTIVE MEMBER AFFILIATED WITH ANY ANIMAL WELFARE GROUPS? (CARA, ARF, MARL, HUMANE SOCIETY, ETC.) IF YES, WHAT POSITION IS HELD?	
6. ARE THERE ANY SPECIAL SKILLS, TALENTS OR CONTACTS PROSPECTIVE MEMBER HAS THAT COULD BE AN ASSET TO MS-FACT?	
7. ADDITIONAL COMMENTS?	