



Membership Form

I Want to Support the Animal Defense League

Individual Membership: \$20.00 x ____ = \$ _____

Pet Membership \$2.00 x ____ = \$ _____

Membership Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

E-Mail Address: _____

Pets' Names: _____

Donation in Honor of: _____

Donation in Memory of: _____

Donation Amount: _____

Please mail this form to:
Animal Defense League
P.O. Box 2099
Abingdon, VA 24212-2099