



**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)? \_\_\_\_\_

**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:

	YES	NO
(a) Do you have a set service fee or donation for animals? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(b) Do you require new adopters to sign an adoption contract? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(c) Do you place dogs and cats according to CA Food & Agricultural Code Sections 30503 and 31751? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you inspect homes before placement? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you inspect homes after placement? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you follow up in person or by letter? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you exchange, without charge, sick or unsuitable animals? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you alter all animals before they are placed in a new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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? .....

**Euthanasia**

What methods are used to euthanize animals? \_\_\_\_\_

Who is authorized to euthanize the animals? \_\_\_\_\_

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

**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](mailto: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, as required under California Corporations Code section 10400 or the applicable pre-existing statutes. Organization members have voting privileges.

Dues for Organization members are:

<u>NUMBER OF FULL-TIME EMPLOYEES</u>	<u>ANNUAL DUES</u>
0 – 5	\$75
6 – 9	\$100
10 – 19	\$150
20 – 29	\$250
30 – 49	\$350
50 or more	\$525

### **Affiliate Membership**

Those agencies and organizations not eligible for Organization membership, such as animal control agencies, police departments with animal control responsibilities, and nonprofit animal interests groups may apply for Affiliate membership. Although Affiliate members do not have voting privileges, they do receive many of the same benefits of membership as Organization members.

Dues for Affiliate members are \$120.