

Membership Form

Date:_		

Type of Membership (please indicate by checking an option below):

Student	\$ 20
Resident of SVG	\$ 30
Non-Resident of SVG	\$ 50
Lifetime	\$ 250

- Individual Membership (annual, all in XCD [EC\$])
- Corporate/Group Membership (annual, all in XCD [EC\$]):

Suggested minimums:

Corporate Membership	\$1000
Group Membership	\$1000
Small Business Membership	1-3 full-time employees: \$ 250
	4-7 full-time employees: \$ 500
	8-10 full-time employees: \$ 750
	11+ full-time employees: \$ 1000

Please provide the following information: (*Required Fields)

* Contact Person:	
Organization:	
* Address:	
* City:	
State/Province	
Zip/Postal Code & Country:	
* Primary Phone:	
* E-mail:	

Please make cheques payable to: VSPCA Mailing address: PO Box 32, Kingstown, St. Vincent, West Indies.

N.B.: There is no monetary limit on the amount an individual, corporation, or group can submit.