



VOLUNTEER / MEMBERSHIP APPLICATION

_____ MEMBERSHIP (\$35.00 PER YEAR)

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE: _____ **WORK PHONE:** _____
FAX: _____

TYPE OF ASSISTANCE YOU WILL BE ABLE TO PROVIDE THE UNIT:

- | | |
|---|---|
| <input type="checkbox"/> FUND RAISING | <input type="checkbox"/> OFFICE OR TELEPHONE |
| <input type="checkbox"/> KENNEL WORK | <input type="checkbox"/> DOG GROOMING/BATHING |
| <input type="checkbox"/> COMPUTER WORK | <input type="checkbox"/> MAILINGS/SPECIAL PROJECTS |
| <input type="checkbox"/> PUBLIC SPEAKING | <input type="checkbox"/> POST SEARCH REORGANIZATION |
| <input type="checkbox"/> K-9 HANDLER | <input type="checkbox"/> FIELD WORK |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____ | |

PLEASE INDICATE ESTIMATED TIME BLOCKS YOU WILL BE AVAILABLE:

PLEASE TELL US ABOUT YOURSELF ON THE BACK OF THE FORM.

THE SUCCESS OF OUR NON-PROFIT 501(C) (3) ORGANIZATION DEPENDS ON THE EFFORTS AND DEDICATION OF OUR VOLUNTEERS. WE SINCERELY APPRECIATE YOUR INTEREST AND SUPPORT.

SIGNATURE

DATE

MAIL TO: SAR UNIT, INC.
K-9 SEARCH AND RESCUE
813 HIGHWAY 1
MURRAY, NEBRASKA 68409

ENCLOSE CHECK OR MONEY ORDER
FOR TAX DEDUCTIBLE MEMBERSHIP