



Membership Application

Name: _____

Business Name: _____

Address: _____

Phone: _____ Cell: _____

Email Address: _____ Birthday: _____

Years in Business: _____

Please describe your business:

Are you a member of any associations?

Do you have insurance for your business? If yes, then with what company?

What is the reason you would like to join the Western Slope Animal Services Networking Group?

What would you like to accomplish while being a member of the group?

References: Please list 2 professional references.

Name	Number	Relationship
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Emergency Contact:

Web site address:

Any certifications attained, #