



## Membership Application Form

I WISH TO APPLY FOR MEMBERSHIP OF P.A.W.S

NAME:- \_\_\_\_\_

POSTAL ADDRESS:- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL No. \_\_\_\_\_ Date \_\_\_\_\_

TYPE OF MEMBERSHIP:

- PLATINUM - 50€PER YEAR**  
20% Discounts with some Veterinarians  
+ the benefits of the Gold Card
- GOLD - 30€PER YEAR**  
(Discounts with Local Businesses)
- FRIEND - 15€PER YEAR**

PLEASE CHECK  
ONE

PLEASE SEND THIS FORM WITH YOUR CHEQUE  
TO:- P.A.W.S/PATAS, APT 627, 04638 MOJACAR PLAYA  
OR HAND INTO P.A.W.S. SHOP WITH YOUR FEE.  
FOR MORE INFORMATION CALL (678) 490 217

OR VISIT US AT:- [www.paws-patas.org](http://www.paws-patas.org)  
THANK YOU FOR HELPING P.A.W.S



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