



H.O.P.E. Organization, Inc.  
24050 Sprague Rd.  
Olmsted Falls, OH 44138  
(330) 321-3755  
allison@hopehorserescue.org

**MEMBERSHIP APPLICATION**

**Rev 5, June 2006**

I, the undersigned, understand I am applying for membership at H.O.P.E. Organization. Your membership donation will help us rescue and rehabilitate unwanted, starved, abused, neglected and slaughter bound horses. Your membership entitles you to discounts on clinics and workshops at H.O.P.E., as well as other benefits. Please allow 4 to 6 weeks to receive your packet.

**New Member [ ] -or- Renewal [ ]**

**Date:**

**Name:**

**Address:**

**City:**

**ST/Zip:**

**Phone # w/area code:**

**Occupation:**

**Email Address:**

**How did you hear about H.O.P.E.?**

**Please choose Membership Type :**

- \$25.00 Family                      Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_
- \$15.00 Single
- \$10.00 Junior (age 17 and under), child's age: \_\_\_\_\_
- \$500 Corporate, Number of employees: \_\_\_\_\_
- \$1,000.00 Lifetime

**Further Interest:**

- I am interested in adopting a horse
- I am interested in the H.O.P.E. foster program
- I am interested in becoming a H.O.P.E. volunteer
- I am interested in becoming a H.O.P.E. sponsor
- I would like to donate an additional \$\_\_\_\_\_ to care for the horses (enclosed is my check)

**Signature:**

**Date:**

**Signature of parent/legal guardian, if youth member:**

**Date:**

*Please mail this completed application (signed & dated) to:  
H.O.P.E. Organization, 24050 Sprague Rd., Olmsted Falls, OH 44138  
Please make check payable to "H.O.P.E. Organization"*

*With Your Help... We Will Make a Difference*