

AAPAW Member Questionnaire

Individual Member

In an effort to better understand and coordinate between AAPAW members, please provide the following information.

Name: _____

Physical Address:

Mailing Address:

Phone: _____

Email: _____

If you work with an animal welfare organization(s), please list:

(i.e Spay/Adoption/Rescue/Education/Dogs/Cats etc.)

List areas where you might be interested in volunteering:

Please provide any additional comments/feedback
