

## MediPet Application for Membership

Please check all that apply.

I would like to become a member. Enclosed is my \$10.00 annual membership fee.

I would like to be a volunteer; please contact me.

I do not want to be a volunteer or member, but I will donate.

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Signature

Date

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Name (please print)

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Address

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Phone Number

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E-mail address

Mail to:

MediPet  
6297 Upper 35<sup>th</sup> Street N. #11  
Oakdale, Minnesota 55128

Call us:

651-773-0862  
952-941-3724

Make checks payable to: **MediPet**