



The New Compassionests Associate Membership Form

Please answer the questions truthfully and to the best of your ability.
Please use additional pages if necessary.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

Why do you want to become an Associate Member of The New Compassionests unique animal ministry?

What area of the animal ministry are you most interested in?

What can you do to help this animal ministry make a difference?

**Please send check, money order or cashiers check for \$20.00 to:
(Please do not send cash through the mail.)**

**The New Compassionests
P.O. Box 1252
Perryville, AR. 72070**