

New Hampshire Federation of Humane Organizations

APPLICATION FOR MEMBERSHIP



Name of
Organization: _____

Mailing
Address: _____

Shelter Address (if
different): _____

Telephone Number: _____

Fax Numbers: _____

Email: _____

Website: _____

Date of Incorporation: _____

Is your organization registered with the State of New Hampshire Department of
Agriculture? () Yes () No

Is your organization recognized by the IRS as a 501(c)3 tax exempt
organization? () Yes () No () Pending

What are your organizations purposes/goals?

Does your organization operate a shelter? () Yes () No

Why does your organization wish to join the NHFHO?

Please list the principal officers/directors of your group:
