



Virginia Alliance for Animal Shelters

Member Response

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Web Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Contact's email \_\_\_\_\_ Direct Phone No./Cell \_\_\_\_\_

1. What problem/issue most impacts your organization? \_\_\_\_\_

\_\_\_\_\_

2. What training would you find most helpful? \_\_\_\_\_

\_\_\_\_\_

3. How could your shelter colleague's best support/assist you?

\_\_\_\_\_

4. I would like to become a member of VAAS \_\_\_\_\_

Yes No Not now Need more info.

I certify that my organization is an open access shelter or a municipal/public pound or shelter. Yes \_\_\_\_\_

My organization is not open access. \_\_\_\_\_

If you check **Yes** or **Need more information** to #4. a member of VAAS will contact you to discuss how to proceed. Please provide good days or times of the day to reach you.

\_\_\_\_\_

My organization is not open access, but I would like to join as an associate member and my sponsor's name is

\_\_\_\_\_.

My organization is outside of Virginia, but I would like to join as an affiliate member and my sponsor's name is

\_\_\_\_\_.

I would like to join, but do not have a sponsor. \_\_\_\_\_

If you want to talk about this initiative, please contact Sharon Q. Adams, (757) 409-2267 or [sharonadams980@gmail.com](mailto:sharonadams980@gmail.com).

Thanks for your attention and we look forward to working together with you on behalf of Virginia's animals.