



Octavio Feline Foundation, Corp.
P.O. Box 440738
Miami, Fl. 33144-0738

305-267-0511

Membership application

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ (H) (W) (C)

E-mail: _____

Date of birth: ____ / ____ (day and month only)

I can help by:

- Transporting from/to the vets
- Recuperating cats/kittens after surgery
- TNR (Trap/Neuter/Return)
- Help low-income cat caretakers pay for surgeries

Signature

Date

Membership cost is \$ 20.00 per year