

Mayor's Alliance for NYC's Animals, Inc.

Alliance Participating Organization (APO) Application

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Cell (for internal use only): _____

E-mail: _____ Web Site: _____

Date of Incorporation (if applicable): _____

Tax Exempt ID Number: _____

Name, Address, and Phone for Veterinarian(s) Used by Your Organization:

I, _____, on behalf of _____

agree to abide by the Terms of Participation for APOs, Dispute Resolution Procedures for APOs, and APO Funding Allocation Procedures attached hereto.

Name: _____

Title: _____

Date: _____

Please attach a copy of your adoption application and/or agreement and your protocol for checking references prior to placement to this application.

Please begin to submit copies of the Monthly Adoption Statistics Form for APOs attached hereto no later than the 5th day of each month for the prior month statistics to the address below.

Please mail your organization's completed application to:

Mayor's Alliance for NYC's Animals, Inc., 244 Fifth Avenue, Suite R290, New York, NY 10001-7604, or fax a copy to (212) 591-6383. Call (212) 252-2350 with questions.