

MEMBERSHIP RENEWAL
Space Coast Therapy Dogs, Inc.
2010

PRINT

Name of Handler.....
Name of Registered Dog(s).....
Breed or Mixes.....
Dog's Birthday (MM/DD/YY).....
Address.....
City.....State.....Zip Code.....
E-Mail.....
Home #.....Mobile #.....Work #.....

Will you help with any of the following?

- Children's events
- Newsletter articles or information
- Photos for the newsletter and website
- Elections committee
- Participating in events: Day / Evenings / Weekends (Circle)
- Public Relations: Presentations in the community
- Coordinating special events
- Others.....

2009 Volunteer Hours - Jan. 1 through Dec. 31 (Total = Driving Time + Visit Time)

Dog # 1.....Hours..... Dog # 3.....Hours.....

Dog # 2.....Hours..... Dog # 4.....Hours.....

TOTAL HOURS.....

If you did not make 4 SCTD visits this year, you are not eligible to renew as a Single Member.
(TD Inc. and SCTD require 4 visits each year to be a Single Member.)

SIGNATURE.....DATE.....

Before mailing: Sign and Date
Enclose your dues \$15 / Single or \$10 / Supporting
January TD Inc. renewals – enclose a copy of your new card

Mail to: Space Coast Therapy Dogs, Inc.
P.O. Box 542653
Merritt Island, FL 32954-2653

Annual Awards Nominations

Please make a nomination for the following awards.

Outstanding Therapy Dog of the Year _____

Please tell us why you nominated this dog. _____

Standing Rules 9d

Selected by a special committee and awarded based on merit as opposed solely to a majority vote of the nominees. Selection criteria will be available to the membership on the SCTD website or distributed to members without internet service.

Rookie Dog of the Year _____

Please tell us why you nominated this dog. _____

Standing Rules 9e

Awarded to a first-time, newly-registered dog who was a new member by September 30 of the award year. Selected by a special committee and based on merit as opposed solely to a majority vote of the nominees. Selection criteria will be available to the membership on the SCTD website or distributed to members without internet service.

Rookie Team of the Year _____

Please tell us why you nominated this team. _____

Standing Rules 9f

Awarded to a new dog-handler team who was a new team by September 30 of the award year and both of whom are first-time members of SCTD. Selected by a special committee and based on merit as opposed solely to a majority vote of those nominated. Selection criteria will be available to the membership on the SCTD website or distributed to members without internet service.

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Annual Awards Selection Criteria

**Outstanding Therapy Dog of the Year
Rookie Team of the Year
Rookie Dog of the Year**

Does the dog or team nominated meet the criteria?

- *Makes visits at different facilities under different conditions**
- *Enjoys visiting with adults and children**
- *Interacts with people willingly**
- *Patiently handles the occasional ear pulling or firm pat on the head**
- *Looks, smells and feels clean**
- *Well groomed (nails, coat, breath)**
- *Clean collar and lead**
- *Handler must also be clean, neat and tidy**
- *Gets along with other dogs**
- *Handles different settings, noises and smells**
- *Handler manages the dog well**
- *Participates in special events**
- *Makes a good impression in the community for SCTD**
- *Has a “special” quality**