

APPLICATION FOR NEW MEMBERSHIP
Space Coast Therapy Dogs, Inc.

PRINT

Name of Handler í .

Name of Registered Dog(s) í

Breed or Mixes í

Dog's Birthday (MM/DD/YY) í ...

Address í ...

City í í í í í í í í í í íState í í í í ..Zip Code í í í í í í í í í

E-Mail í .

Home #.....Mobile #.....Work #.....

Please describe something interesting about yourself í í í í í í í í í í í í í í í í í

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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 í .

I acknowledge that TD Inc. and SCTD require 4 visits a year to maintain active single member status.

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

Before mailing: Sign and Date
Enclose a copy of your TD Inc. card and current health records
Enclose dues of \$15/Single (\$7.50 after July 31) or \$10/Supporting

Mail to: Space Coast Therapy Dogs, Inc.,
P.O. Box 121474
West Melbourne, FL 32912

Please contact Sharon to order your SCTD shirt at 639-7323 or
skrockett43@earthlink.net .