



2021

MEMBERSHIP RENEWAL

Space Coast Therapy Dogs, Inc.

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 the following?

- Children's events
- Newsletter Editor
- Newsletter articles or information
- Photos for the newsletter, website and Facebook page
- Visit Coordinator
- Participating in events: Day / Evenings / Weekends **(Circle)**
- Public Relations: Presentations to the community
- Coordinating special events / visits
- Other _____

2020 Volunteer Hours - January 1 through December 31 (Total = Driving Time + Visit Time)

Dog #1 _____ Hours _____ Dog #3 _____ Hours _____

Dog #2 _____ Hours _____ Dog #4 _____ Hours _____

Total Hours _____

****You are eligible to renew as a Single Member if you made four (4) SCTD calendar visits in the past 12 months (Ref: SCTD By-Laws (Article II. Section2.d.). It would be greatly appreciated if you could make at least one (1) visit a month and support our special events when possible.**

SIGNATURE _____ DATE _____

Before Mailing: Sign and date form - Enclose your dues (\$15 Single-\$10 Supporting). Make check payable to "SCTD" **(To make a donation, please include with your dues).**
Enclose a copy of your new ATD card and one page health record you sent to ATD, if you haven't already sent them in.

Mail to: Space Coast Therapy Dogs, Inc., P. O. Box 561326, Rockledge, FL 32956-1326