



2023

**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 \_\_\_\_\_

**2022 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