



# APPLICATION FOR NEW MEMBERSHIP

## 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 #.....

Please describe something interesting about yourself.....

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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.....

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 ATD 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 561326  
Rockledge, FL 32956-1326**