

New Membership/Member Renewal Form



Please print clearly

Name of Handler _____ Date _____

Name of Registered Dog(s) _____

Breed or Mixes _____

Dog's Birthday (MM/DD/YY) _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Home # _____ Mobile # _____ Work _____

Check one: New member _____ Membership Renewal _____

Please consider supporting some of these activities:

- Attending community events (i.e., Poocharella, Paws in the Park)
- Coordinating special SCTD events
- Cocoa/Rockledge Christmas Parade
- Photos for our website and Facebook page
- Public relations: sharing our mission
- Read-to-a-dog library programs

Renewing Members Only

Annual 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 _____

SIGNATURE _____ DATE _____

Before Mailing: Sign and date this form. Enclose your dues (\$15 Single-\$10 Supporting), payable to "SCTD."
Also enclose copies of your ATD membership card and health form.

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