

**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 \_\_\_\_\_ Supporting Member \_\_\_\_\_

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: 1) Sign and date this form. By signing, you grant permission to allow your image and your dog’s to be used in publications, news releases, social media, and in other communications promoting SCTD’s mission.
2) Enclose your dues ($20 Single-$10 Supporting), payable to “SCTD.”**

 **3) Enclose copies of your ATD membership card and ATD Renewal Health Verification Form.**

Mail to: Space Coast Therapy Dogs, Inc.

 P.O. Box 561326

Rockledge, FL 32956-1326