

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