



Paws for Love

Pet Assisted Therapy
P.O. Box 20925
Reno, NV 89515-0925
paws4lovereno@hotmail.com

APPLICATION FOR MEMBERSHIP

Registration in a recognized national therapy dog organization (NTD), such as Alliance of Therapy Dogs, etc. (with approval) is required for membership in Paws for Love (prior to completion of this application).

Please send the completed application (two pages) a copy of your national therapy dog registration card, a \$10 initiation fee for your dog and \$15 first year membership dues for a total of \$25 or \$40 per couple to the above address to become an active member (s). As a new member you will be given a membership card and a vest patch either large or small depending on the size of your dog. There will be no fee charged for additional registered dogs as part of your Paws Membership but additional patches must be purchased.

Active members must have a registered therapy dog. Active members are entitled to one vote at membership meetings. Support members do not have any of the above requirements and are not entitled to vote. Junior members are under 18.

Type of Membership
(Check one)

Personal Information

Active

Name(s) _____

Support

Address _____

Junior

City/State/Zip _____

Phone _____

Email Address _____

National Therapy Dog registration information:

NTD group name _____ Registration # _____ Expiration Date _____

Dog information (best guess for breed and birth date):

Name _____ Breed _____ Birth date _____ Male Female

Name _____ Breed _____ Birth date _____ Male Female

Member Statements:

I certify that I will keep current with a national registered therapy dog organization and that I will provide Paws for Love a copy of my current card. I agree to abide by Paws for Love bylaws and all guidelines adopted by Paws for Love when working my dog under the name of Paws for Love. I agree to notify the Coordinator at the facilities or programs that I visit under the name Paws for Love, of any changes in regularly scheduled visits.

I understand that Paws for Love does NOT provide liability or any other form of insurance while participating in visits or other activities under the name Paws for Love. I agree to hold Paws for Love harmless for any incidents that may occur while participating in therapy visits or other activities under the name of Paws for Love.

Signature _____ Print Name _____ Date _____

Can the above information be made available to other P4L members? Yes No

Background & Personal Interests:

Please answer the following questions in order for us to learn a little about you, better understand your expectations of Paws for Love and learn what you may want to do as a member of the organization.

Where did you hear about Paws for Love?

Who was your national therapy dog organization evaluator/tester?

Why are you interested in becoming a member of Paws for Love?

Is your dog comfortable and have experience with people of all ages from infants to seniors?

Which P4L programs interest you for therapy work?

- Paws to Read Library Program - monthly
- Justice Dogs
- Crisis Response Team
- School events
- Other (describe) _____

Please indicate any specific facility or local interests:

In which P4L activities are you interested or would like to know more about? (Check all that are appropriate)

- | | | |
|--|--|---|
| <input type="checkbox"/> -Parade Participant | <input type="checkbox"/> -Fundraising Activity Participant | <input type="checkbox"/> -Administration Roles (annual) |
| <input type="checkbox"/> -Community Outreach Events | <input type="checkbox"/> -Special Events Participant | <input type="checkbox"/> -Leadership Roles (annual) |
| <input type="checkbox"/> -Social Event Participation | <input type="checkbox"/> -Event Support Roles | |

Please provide a brief description of the skills and talents you bring with you and your philosophy of being a volunteer service provider.

How much time are you able to commit to P4L activities and services? Weekly: _____ hrs or Monthly: _____ hrs
To stay as an active member, you must participate in at least 3 P4L events per year.

Enclosure Check List:

Please ensure you have included the following with your application and payment:

- Copy of National Registration Card
- Application (completed)
- Check for Total Amount Due**

Office Use Only: Check #: _____ Date: _____ Amount: _____