

Caring Canines Therapy Dog Club of Southern Vermont

Application for Membership

Choose One:

△ Regular Member (\$25.00) △ Household Membership (\$40.00) △ Supporting Member (\$15.00)

Name:

Address:

City/State/Zip:

Phone: _____ Fax: _____

E-mail : _____

Breed of Dog _____ Name: _____

Date of Birth _____ Gender: _____ Neutered/Spayed ? _____

Color : _____

Other Clubs to which you belong :

On what club committees have you served and/or what club related activities have you been involved?

List any dog related areas of interest, accomplishments or training:

If accepted as a member of the C.C.T.D.C. of S. VT, what would you most look forward to?

If accepted as a member, I agree to abide by the Constitution and By-laws of the Caring Canines Therapy Dog Club of So. VT

Signature of Applicant _____ Date _____

Sponsor _____ Sponsor _____

This application must be endorsed by two C.C.T.D.C. S. VT members.

The annual dues are due upon completion of CCTDC evaluation of you and your dog.

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\$25.00 Regular membership

\$40.00 Household Membership

\$15.00 Supporting Membership

Please mail completed application to:

Linda Shelvey
713 Upper Cold River Road
Cuttingsville, VT 05738