



Cold Noses, Warm Hearts, Inc. Therapy Animals

Membership/Renewal Application

Last Name: _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (home) _____ Mobile Number _____

Primary E-mail _____ Secondary E-Mail _____

Membership Status:

Full membership \$20 Any member registered as a therapy team and visits facility or participates in the R.E.A.D. program with his/her registered therapy animal

Associate Membership \$20. Any member who is not registered as an animal assisted therapy team and does not participate with a therapy animal in making visits or as part of the R.E.A.D. program"

Family Membership \$30 Two or more members in the same family who each participate in therapy visits with a registered therapy animal and/or participates in the R.E.A.D. program

Memberships are from July 1 through June 30th. Membership of those joining between January 1 and June 30 pay half the annual dues. Children must be between 14 and 17 years of age.

Family Membership only- please list all people in your household that are applying for membership:

Spouse _____ Children _____

Animal Information:



Please complete the following information for each animal for which you applying for membership:

Name	Breed	CGC	Therapy Group	Registration #	Renewal Date
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Please list any facilities where you provide AAT/AAA or R.E.A.D.

I certify the information provided on this application is true and accurate to the best of my knowledge. I understand that if any information found in this application prove to be false, my membership will be invalidated and all dues forfeited.

Applicant's Signature

Date