



# Cold Noses, Warm Hearts, Inc.

## Membership/Renewal Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Membership Status:

- Full membership \$25 – Any member that is registered as a therapy team, visits a 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 but participates in activities with CNWH members.
- Family Membership \$35 – Two or more members in the same family who each participate in visits with a registered therapy animal and/or participates in the R.E.A.D. program. Please list all people in your household that are applying for membership:

Spouse: \_\_\_\_\_ Children: \_\_\_\_\_

CNWH is an affiliate group of Intermountain Therapy Animals (ITA). It is the goal of CNWH to have everyone attend at least one quarterly meeting and volunteer at least twice a year for an evaluation, safety fair, R.E.A.D. event or other CNWH sanctioned event. It is extremely important to ITA that all of the members of affiliated groups be active and have the support and encouragement of their group. Memberships are from June 1 through May 30. Members joining between January 1 and June 30 will pay half the annual dues. Children must be between 14 and 17 years of age.

### Additional Information:

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

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_ CGC: \_\_\_\_\_

Therapy Group: \_\_\_\_\_ Registration #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

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 proves to be false, my membership will be invalidated and all dues forfeited.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed application and fees (check made out to CNWH) to:  
PO Box 83, Coventry, CT 06238**