



## 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, Pet Partners, etc. (with approval) is required for membership in Paws for Love (prior to completion of this application).

Please send the completed application (two pages), copy of your national registration card and two letters of recommendation to the above address. You will be asked to pay a \$10 initiation fee for your dog and \$15 first year membership dues for a **total of \$25** to become an active member. As a new member you will be given a membership card and 2 Paws vest patches 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 (see page 2).

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)

Active

Support

Junior

#### Personal Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

National Therapy Dog registration information:

NTD group name \_\_\_\_\_ Registration # \_\_\_\_\_ Renewal 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?

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

- Parade Participant                      -Fundraising Activity Participant                      -Administration Roles (annual)
- Community Outreach Events                      -Special Events Participant                      -Leadership Roles (annual)
- Social Event Participation                      -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

Please use the remaining space to tell us anything else about yourself that you would like us to know and/or to ask any questions you may have.

**Enclosure Check List:**

Please ensure you have included the following with your application

- Copy of National Registration Card
- Application (completed)
- 2 Letters of Recommendation
- Additional Small Patch, 3"x 1 3/4" - \$4.50 each
- Additional Large Patch, 5" x 3" - \$6.00 each
- Check for Total Amount Due**

Office Use Only: Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_