



## MEMBERSHIP APPLICATION

- Please complete the following information by printing clearly
- Submission of this application does not automatically guarantee membership in Tails of Joy, Inc.
- Date, sign & return with your check made payable to Tails of Joy, Inc.

Return to:

Tails of Joy, Inc.  
 C/O Caroline Rothberg  
 118 Tremont St.  
 Newington, CT 06111

Last Name	First Name	Date
Address		Area Code Phone
City	State Zip	E-Mail
<b>Membership Status</b>		
<input type="checkbox"/> <b>Full Membership</b> <input type="checkbox"/> <b>\$30.00<sup>^</sup></b>		
Any member who is registered as a pet therapy team and has been visiting a facility with his/her companion animal.		
<input type="checkbox"/> <b>Associate Membership</b> <input type="checkbox"/> <b>\$25.00<sup>^</sup></b>		
Any member, who is not yet registered as a pet therapy team, is part of the mentoring program or provides a service but is not involved in providing AAA / AAT with a companion animal.		
<input type="checkbox"/> <b>Family Membership*</b> <input type="checkbox"/> <b>\$35.00<sup>^</sup></b>		
Two or more members in the same family. Children must be between 12 and 17 years old.		
<sup>^</sup> All memberships are from July 1 to June 30th. Membership dues for members joining between January 1 and June 30 are one-half of the yearly dues.		
*Family Membership only: List all other person(s) in your household that are applying for membership		Spouse: Children:
<b>Animal Information</b>		
Anyone applying for <b>Full or Family Membership</b> status must complete the information below for each companion animal enrolled in Tails of Joy. Include applicable Registration Number and renewal date. If you are applying for <b>Associate Member</b> status, you must also list each companion animal to be enrolled in Tails of Joy and indicate if that animal has successfully passed a CGC test. Please include any registration number(s).		
<u>Call Name</u>	<u>Breed</u>	<u>CGC</u>
<u>Registered With</u>	<u>Registration Number</u>	<u>Renewal Date</u>
Please list the facilities/programs where you provide AAA/AAT (use back if needed)		
<input type="checkbox"/> Check if you would like to be added to our mentor list, willing to help a newly registered team get started <input type="checkbox"/> Check if you are already on the mentor list		
I certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that should any information contained herein be found to be false my membership will be invalidated and all dues forfeited.		
Applicant's Signature		Date