



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 Claire Rolando
 P.O. Box 342
 Vernon, CT 06066

Last Name	First Name	Date
Address		Area Code Phone
City	State Zip	E-Mail
Membership Status		
<input type="checkbox"/> Full Membership <input type="checkbox"/> \$30.00[^]		
<input type="checkbox"/> Associate Membership <input type="checkbox"/> \$25.00[^]		
<input type="checkbox"/> Family Membership* <input type="checkbox"/> \$35.00[^]		
Any member who is registered as a pet therapy team and has been visiting a facility with his/her companion animal.		
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.		
Two or more members in the same family. Children must be between 12 and 17 years old.		
[^] 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:
Animal Information		
Anyone applying for Full or Family Membership 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 Associate Member 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