



Member Application Form

Date _____

Handler Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Work Phone _____

Email _____

Handler with one dog _____

Breed _____ Dog's Name _____

Handler with multiple dogs _____

List additional dogs _____

Do you have an interest in making visits as a therapy team?

Yes _____ No _____

Therapy Class \$75 (includes first year membership) _____

Annual Membership Fee \$50 _____

Canine Good Citizen Test Fee w/o Class \$10 _____

Canines for Christ Use Only

Class Location: Ascension & Holy Trinity _____ Anderson Twp _____ Miami Whitewater _____

Cash _____ Check _____ Check No. _____

Date Paid _____ Amount Paid _____