



Application for Associate Membership

Thank you for considering Associate Membership with American Therapy Pets, Inc., (ATP).

We are proud of our organization and strive to ensure a quality of service unmatched by other organizations. As an Associate Member, your membership fee helps support ATP, which is a non-profit organization relying on donations.

☐ Associate Membership is for individuals who wish to financially support ATP only. There is no direct participation in ATP activities, events or other business involving ATP.

Please print in ink – use a separate application for each person applying for membership

Your Information:

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

e-mail _____

Are you a friend or relative of a Full or Associate Member, or one of our Volunteers? If yes, please provide us with their name(s):

Use the check off box that best describes you.

☐ Relative to an ATP Member or Volunteer. Relationship to the member:

☐ Friend of a Full or Associate Member or an ATP Volunteer.

☐ No relationship to members or a volunteer, simply wish to support ATP as an individual.

Associate Membership fee is \$25.00 for one year or partial year. All memberships end on December 31st of each year and the renewal membership begins January 1st.

☐ Associate Membership fee of \$25.00 is included – Make payable to **American Therapy Pets, Inc.** I hereby release all parties from any liability for furnishing this information.

Applicant Signature: _____ **Date:** _____
_____ **PARENTAL CONSENT** (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to be an Associate Member to ATP.

Signature of Parent/Guardian: _____ Date: _____
_____ Print name of Parent/Guardian:

Please mail your signed application to ATP. Make sure to keep a copy for your records.

Mail to:
Wendy Hart
American Therapy Pets, Inc.
229 Liberty Springs Court, Sparks, NV 89436