

MEMBERSHIP FORM, JULY 1 - JUNE 30

(Please see back for instructions and additional details)



Last Name:		First Name:	
Address:			
City:	State:	Zip:	
Email:	Phone:	Date:	

**MEMBERSHIP STATUS**

Individual \$40.00

Family (two or more members in the same family, children 12-17) \$50.00

Please remember that Tails of Joy is a Charitable Organization that relies completely on dues and charitable gifts for funding. If you would like to make a charitable, tax deductible gift at this time, please note here and include in your dues payment. Thank You.

**I would like to make a charitable gift to Tails of Joy of:**  \$15  \$25  \$50 **Other:** \_\_\_\_\_

**Family Membership Only, List all other family members applying and relation.**

- |          |           |
|----------|-----------|
| 1. Name: | Relation: |
| 2. Name: | Relation: |
| 3. Name: | Relation: |

**Animal Information (Full & Family Memberships, list all animals)**

<u>Name</u>	<u>Breed</u>	<u>Registering Organization</u>	<u>Registration Number</u>	<u>Renewal Date</u>
1.				
2.				
3.				

**Visiting Activity (list all facilities/programs where you volunteer & average visits per month)**

<u>Type of visit (AAA, AAT, READ, "Read with Me")</u>	<u>Facility &amp; Town</u>	<u>Visits per Month</u>
1.		
2.		
3.		

Are you a READ registered Team? Y N                      Are you a Read with Me Team? Y N

Would you like to be added to the Mentor list to help new teams? Y N

I certify that the information provided on this application is true and accurate to the best of my knowledge. I acknowledge that I have read and agree to follow the **TOJ Policy and Procedure for Reporting Incidents or Accidents**. 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: \_\_\_\_\_

Return to: Tails of Joy, Inc., 35 East Main Street, Suite 301, Avon, CT 06001  
 Make Checks payable to: "Tails of Joy, Inc."

1. Please complete all relevant information by printing clearly.
2. Submission of this application does not guarantee membership in Tails of Joy, Inc.
3. Return application with check made payable to "Tails of Joy, Inc."
4. Renewals are due by June 30th of registration year.



Please use the following area to provide any additional information you feel may be relevant for Tails of Joy.

Your Availability (i.e weekdays, evenings, weekends only):

Your Interests (i.e. nursing homes, hospitals, college events, schools, libraries, READ, Read with Me work):

Do you want help with placement? Y N

If you are a new member, please list where you already volunteer, if applicable:

List any additional information:

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