



Community Canines for Companionship & Care MEMBERSHIP APPLICATION FORM

Please send this form along with the membership fee of \$25.00* to:

Community Canines for Companionship & Care
Kristine K. Cardarelli
11 Salisbury Road
Foster, RI 02825

**New Member fee of \$25.00 made payable to Community Canines and mailed to:
Kristine Cardarelli, 11 Salisbury Road, Foster, RI 02825**

Name: _____

Company/Agency Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: Day: _____ Evening: _____

Fax: _____

Email Address: _____

As a member, you will automatically be added to our email list. The purpose of the list is solely to keep our members abreast of important updates and news of interest.

Please let us know if you are interested in volunteering at public events as a representative of Community Canines. _____

Please let us know if you are interested in participating in our companion animal visitation or assisted therapy certificate course and/or establishing your own program: _____

Membership in the organization is required in order to represent Community Canines for Companionship & Care when facilitating a program, visitations, activity or public appearance. Yearly renewal is due at the time of team re-evaluation, a new team photo ID will be issued at such time

Membership includes a free Community Canines logo patch, yearly temperament test or recertification evaluation. Reduced rates offered on a variety of events, workshops and classes offered through the organization. Companion Animal Assisted Therapy and Companion Animal Visitation certificate courses are available; please contact us for more information