

# Active Member Application

Paws Partners, Inc.



**Please fill out the following application in order to join Paws Partners, Inc. Please fill out all information. A representative from our office will contact you regarding your membership & to set up your certification test.**

Dog's Name \_\_\_\_\_ Breed or mix \_\_\_\_\_ Age \_\_\_\_\_

Dog Owner/Handler \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, **Texas** Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Secondary Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Photo of handler & dog must be placed here. Must show a close, clear front view of both handler & dog.

**Why do you want to be an Active Member for Paws Partners, Inc.?**

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**There are many benefits and requirements to our Active Members. You are the bread and butter of our organization. A representative will contact you for more details on your desire to have an Active Membership with PPI.**

signature \_\_\_\_\_ today's date \_\_\_\_\_

### Mail application to Stacy Greer

Paws Partners Inc. | 2604 Radcliffe Dr | Arlington | TX | 76012  
OR fax to 817-394-1957

#### FOR OFFICE USE ONLY

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

approved  not approved  reason for app denial \_\_\_\_\_

payment method \_\_\_\_\_ check# \_\_\_\_\_ PPI Rep \_\_\_\_\_ initials \_\_\_\_\_