

# Associate 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 the application status.**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Tell us why you wish to become an Associate Member for Paws Partners, Inc. (PPI)**

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**Membership dues are \$35 & paid annually.** Dues are due along with this application & every January 1<sup>st</sup> thereafter.

## Benefits of Associate Membership

- May attend any PPI sanctioned activity, event or facility visit (without a dog).
- May decide to become an active member at any time after meeting all requirements.
- Hold voting rights where applicable & will be recognized on our website & listed in the member directory.
- Annual dues can be written off as a tax-deductible donation.
- You are supporting Paws Partners & their efforts to educate & show others the joy of the human-animal bond.

## Requirements

- Must attend at least one PPI sanctioned activity, event or facility visit (without a dog) per calendar year.
- Must provide transportation to all PPI sanctioned activities, events or facility visits.
- Must pay dues annually to maintain membership.
- Must notify PPI of membership termination in writing.

Upon receiving this application, you will be contacted by one of our representatives. We will set up a date for you to attend our mandatory Orientation Meeting. Please verify that you will abide by these terms & conditions by signing below.

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

**Mail application & member dues (\$85)—check made payable to Stacy Greer & mail to**  
Paws Partners Inc. | 2604 Radcliffe Dr | Arlington | TX | 76012

**FOR OFFICE USE ONLY**

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

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

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