



The Fox Valley Therapy Dog Club Yorkville, Illinois

MEMBERSHIP APPLICATION

Name: _____ Spouse: _____

Family to be included in membership: _____

Dog Name: _____ Breed: _____

The Club's Annual Membership Fee is \$20.00. By payment of the Membership Fee I/we agree to abide by the Constitution, Bylaws, Procedures for Evaluation and Registration, and Annual Requirements of the Fox Valley Therapy Dog Club.

_____ Individual Membership _____ Family Membership

Signature _____ Date _____

Membership fee (\$20) received: Cash Check Received By _____