



# ABLEPaws Membership Application

(Please Print)



|               |  |
|---------------|--|
| Today's Date: | Training: Instructor Led by: <input type="checkbox"/> or Home Study <input type="checkbox"/> |
|---------------|--|

### INFORMATION ABOUT YOU

|            |        |          |             |  |                                    |
|------------|--------|----------|-------------|--|------------------------------------|
| Last name: | First: | Middle:  | Birth date: | Sex:<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Home phone no.:<br>Cell phone no.: |
| EMAIL:     |        | Address: |             | City:  | State: ZIP Code:                   |

### MEMBERSHIP CATEGORY

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Full Member \$25<br>(Adult member with or without an animal) | <input type="checkbox"/> Family \$35<br>(Two or more members living in the same household) | <input type="checkbox"/> Supporting Member (no dues)<br>(Member who provides service but is not AAA/AAT) |
|---|--|--|

|  |             |  |                                    |
|--|-------------|--|------------------------------------|
| If Family Membership:<br>Family Member name:<br>EMAIL: | Birth date: | Sex:<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Home phone no.:<br>Cell phone no.: |
|--|-------------|--|------------------------------------|

|          |       |        |           |
|----------|-------|--------|-----------|
| Address: | City: | State: | ZIP Code: |
|----------|-------|--------|-----------|

|                               |             |  |  |
|-------------------------------|-------------|--|--|
| Family Member name:<br>EMAIL: | Birth date: | Sex:<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Home phone no.: ( ) -<br>Cell phone no.: ( ) - |
|-------------------------------|-------------|--|--|

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|----------|-------|--------|-----------|
| Address: | City: | State: | ZIP Code: |
|----------|-------|--------|-----------|

|                               |             |  |  |
|-------------------------------|-------------|--|--|
| Family Member name:<br>EMAIL: | Birth date: | Sex:<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Home phone no.: ( ) -<br>Cell phone no.: ( ) - |
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|          |       |        |           |
|----------|-------|--------|-----------|
| Address: | City: | State: | ZIP Code: |
|----------|-------|--------|-----------|

### DELTA SOCIETY® PET PARTNER® REGISTRATION INFORMATION

(Please give evaluation information)

|                      |                          |                |  |
|----------------------|--------------------------|----------------|--|
| Pet Partner Name #1: | Birth date or ADOP Date: | Species/Breed: | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
|----------------------|--------------------------|----------------|--|

|   |  |
|---|--|
| Other Family Members Registered Pet Partner | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
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|                      |                          |                |  |
|----------------------|--------------------------|----------------|--|
| Pet Partner Name #2: | Birth date or ADOP Date: | Species/Breed: | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
|----------------------|--------------------------|----------------|--|

|   |  |
|---|--|
| Other Family Members Registered Pet Partner #2? | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
|---|--|

### VISITING LOCATION INTERESTS

|  |  |   |   |
|--|--|---|---|
| What environment are you interested in visiting: | <input type="checkbox"/> Adults<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Mentally Challenged<br><input type="checkbox"/> Hospice Care<br><input type="checkbox"/> Geriatrics | <input type="checkbox"/> Children<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Mentally Challenged<br><input type="checkbox"/> Behavioral Centers | <input type="checkbox"/> Other Special Events |
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|                                  |
|----------------------------------|
| How did you hear about A.B.L.E.: |
|----------------------------------|

|                          |  |  |   |
|--------------------------|--|--|---|
| Volunteer Opportunities: | <input type="checkbox"/> Role Player for Practices or Evaluations<br><input type="checkbox"/> Staff booth at local fairs or exhibits | <input type="checkbox"/> Mentoring new pet partner | <input type="checkbox"/> Other Special Interests or Talents |
|--------------------------|--|--|---|

|   |   |
|---|---|
| <b>Please send membership dues payment (payable to ABLE):</b><br>Meredith Catlett<br>323 Center Street, Suite 1800<br>Little Rock, AR 72201<br><br>If you have any questions, please email: mcatlett@catlaw.com | Insert Picture or email in jpeg format: |
|---|---|

**DELTA SOCIETY® PET PARTNER® REGISTRATION INFORMATION**

Additional Family members registered (Please give evaluation information)

|   |  |
|---|--|
| Other Family Members Registered Pet Partner #1? | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
|---|--|

|   |  |
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| Other Family Members Registered Pet Partner #1? | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
|---|--|

|   |  |
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| Other Family Members Registered Pet Partner #1? | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
|---|--|

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| Other Family Members Registered Pet Partner #2? | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
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| Other Family Members Registered Pet Partner #2? | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
|---|--|

|   |  |
|---|--|
| Other Family Members Registered Pet Partner #2? | Evaluation Date:<br>Qualification Rating: <input type="checkbox"/> Predictable <input type="checkbox"/> Complex<br>Renewal Date: |
|---|--|

**DELTA SOCIETY® PET PARTNER® ADDITIONAL FAMILY MEMBER INFORMATION**

|                               |             |   |  |
|-------------------------------|-------------|---|--|
| Family Member name:<br>EMAIL: | Birth date: | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Home phone no.: (    ) -<br>Cell phone no.: (    ) - |
| Address:                      | City:       | State:  | ZIP Code:  |
| Family Member name:<br>EMAIL: | Birth date: | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Home phone no.: (    ) -<br>Cell phone no.: (    ) - |
| Address:                      | City:       | State:  | ZIP Code:  |
| Family Member name:<br>EMAIL: | Birth date: | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Home phone no.: (    ) -<br>Cell phone no.: (    ) - |
| Address:                      | City:       | State:  | ZIP Code:  |