



My Angel With Paws, Inc.

A not-for-profit organization
Raising, Training and Placing Service Dogs and Therapy Dogs

MEMBER APPLICATION

All information provided is strictly confidential and for MAWP use only.

NAME: _____ EMAIL: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EXTENSION: _____ CAN BE CONTACTED AT WORK? YES ___ NO ___

DRIVER'S LICENSE #: _____ STATE: _____

Circle Committees you would be interested in assisting:

- | | |
|--------------|--------------------|
| Clerical | Event Planning |
| Sewing | Fundraising |
| Research | Member Recruitment |
| Construction | Acquisitions |
| Projects | |

How would you like to assist these committees?

Once your application membership fee is received, you will be contacted and a membership card will be mailed to you within 2 business day.

Welcome to My Angel With Paws