Therapy Dogs International (TDI®)

"A Dog Will Love You Forever"

APPLICATION FOR RENEWAL 2026©

Fax: 973-252-7171 Email: therapydogsinternational@gmail.com

Each associate member is required to renew on a separate form.
All associate memberships expire on **12/31/2027** and are due for renewal at this time.

Please return completed form with payment to: TherapyDogs International, Attn: Renewals,88 Bartley Road Flanders NJ 07836

FEE: ONE HANDLER, ONE DOG $60.00, ONE HANDLER, TWO DOGS $70.00, ONE HANDLER, THREE DOGS $80.00 (EACH ADDITIONAL DOG WITH CURRENT MEMBERSHIP IS $15.00 EXTRA)

INDICATE METHOD OF PAYMENT:

- ☐ ***CHECK(MAKE CHECKS PAYABLE TO TDI)***
- ☐ ***MONEY ORDER***
- ☐ ***NON U.S RESIDENTS: INTERNATIONAL MONEY ORDERS IN US FOUNDS ONLY*** ***AMOUNT ENCLOSED: $_____***

NOTE: Each Handler must pay a separate renewal fee. There are no family memberships

- ☐ ***PLEASE CHECK HERE IF ANY CONTACT INFORMATION HAS CHANGED IN THE PAST YEAR***
- ☐ ***CHECK HERE IF HANDLERS IS UNDER THE AGE OF 18 DATE OF BIRTH_____***

(A signature of parent or a guardian is required.)

SIGNATURE OF PARENT/GUARDIAN(If Applicant is under the age of 18):_____ Date_____

LAST NAME:_____ FIRST NAME:_____

ADDRESS:_____

CITY:_____ STATE: _____ ZIP/ POSTAL CODE:_____

EMAIL:_____ NEWSLETTER PREFERENCE: EMAIL_____ MAIL____

CURRENT HEALTH RECORD

DOG ID# ***(Refer 2025 ID)***	***BREED***	***CALL NAME***	***DATE OF BIRTH OR ESTIMATED AGE***	***FORM ON FILE***
				☐
				☐
				☐

DOG(S) NOT RENEWAL

DOG'S ID #	***BREED***	***CALL NAME***	***REASON FOR NOT RENEWING***

Please list all facilities visited. For additional facilities, please use another sheet

NAME OF INSTITUTION	***TYPE OF FACILITY***	***STREET***	***TOWN***	***STATE***	***ZIP***	***CONTACT***	***PHONE***

OVER (PLEASE MAKE SURE TO READ AND SIGN ON PAGE 2