



# Loving Animals Providing Smiles

*Bringing acceptance, laughter and love into the lives of others.*

## Application for Associate Membership

*LAPS welcomes Associate Members who support our organization's goals and wish to donate time to fundraising, clerical support, public education, training & evaluations. These individuals need not be certified therapy handlers.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about LAPS? \_\_\_\_\_

Have you done volunteer work previously? If yes, please describe:

\_\_\_\_\_

Areas of interest and/or skills you wish to contribute to LAPS:

AAT experience       Fund Raising       Writing       Computer/Web

Public Speaking       Media contact       Photography       Dog Training

\_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in Loving Animals Providing Smiles.

Please return this completed form and one of our volunteers will contact you soon.

By mail: P.O. Box 6596, Napa, CA 94581

By fax: (707) 265-6642