



COMPANION ANIMAL ASSOCIATION OF ARIZONA, INC.  
GENERAL MEMBERSHIP APPLICATION

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE CONSIDER JOINING/RENEWING YOUR MEMBERSHIP AND CONTINUING YOUR  
SUPPORT OF OUR COMMUNITY BASED PROGRAM

Name(s) \_\_\_\_\_ E-Mail : \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_

If you and your pet are ready to become an active pet therapy team to visit one of our host facilities,  
[Check here to be contacted about getting started](#)

**VOLUNTEERS <besides pet therapy teams> ARE NEEDED**

If you would like to be contacted about participating, check here

To join or renew your membership in CAAA complete this form and attach your check  
for the Dues Category you are supporting.

**Payable to: Companion Animal Association of AZ**

**DUES CATEGORIES** (Check One)

- Supporting (\$200)  Organization (\$75)  Family (\$40)  Individual (\$25)
- Disabled, Student, or Senior Citizen (\$10)

**MEMBERSHIP DUES ARE NON-REFUNDABLE**

I also wish to make a donation (\$ \_\_\_\_\_) In Memory or Honor of \_\_\_\_\_  
Amount Name

\$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED (Your check is your receipt)

**Send to: CAAA, P.O. Box 5006, Scottsdale, AZ 85261-5006**