



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: _____ Date: _____

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