



Your membership expires on August 31, 2018.

CAP Therapy Teams are not permitted to visit until membership is paid.

This is for insurance purposes. Please pay membership before 8/31/18.

****** Membership ******

Program Year September 1, 2018 - August 31, 2019

Supporting Membership \$50

Family Membership \$40

Single Membership \$30

Kindly make check payable to: **Companion Animal Program**

Date Paid: _____ Check#: _____ Amount: \$ _____

Mail check WITH below form to:

CAP Treasurer, % Linda Forbush, P.O. Box 2674, Hyannis, MA 02601

THANK YOU FOR YOUR SUPPORT!!

Mail in this portion with your check

CAP MEMBERSHIP 9/1/18 - 8/31/19

Name: _____

Mailing Address: _____

Town & Zip Code: _____

Home Phone: _____

Cell: _____

Email: _____

Our primary way of communication will often be email, so please be sure we have your address. We will send only important communication and will never share your information. Please print clearly and complete all information. Your membership includes an invitation to all CAP functions and a copy of our newsletter. Thank you!

Supporting \$ 50

Family \$40

Single \$30

Donation \$ _____ Total Amount Enclosed \$ _____