



DOG PARK AT BIDEAWEE MEMBERSHIP RENEWAL FORM

<p>To complete the application process, please submit:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Completed Renewal Form <input checked="" type="checkbox"/> Fees, made payable to Bideawee <input checked="" type="checkbox"/> Photo of your dog, optional <input checked="" type="checkbox"/> Updated Medical Health Report <p><i>A Paw Pass and Tag will be sent to you upon receipt.</i></p>	<p>Please mail all information to: Bideawee Attn: Dog Park Administrator 3300 Beltagh Avenue Wantagh, NY 11793 Email: dogpark@bideawee.org Fax: 516-785-4511</p> <p><i>Please make a copy of this form for your records. Allow 2 weeks to process your application.</i></p>
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FEES:

Annual fees are based on a calendar year. Annual Membership expires on December 31st.
 No refunds, partial or full, will be given under any circumstance including revocation.

Item - Check all that apply	Price	Quantity	Total
<input type="checkbox"/> Annual Membership (1 st two dogs)	\$40.00		
<input type="checkbox"/> Each additional Dog	\$25.00		
<input type="checkbox"/> Two-Year Membership (1 st two dogs) Expires 2013	\$70.00		
<input type="checkbox"/> Two-Year Membership each additional dog	\$40.00		
<input type="checkbox"/> Lifetime membership per dog	\$200.00		
<input type="checkbox"/> Seasonal Pass (1 st two dogs) May 1 st - September 30 th	\$25.00		
<input type="checkbox"/> Seasonal Pass each additional dog May 1 st - September 30 th	\$15.00		
<input type="checkbox"/> YES , I would like to donate to the homeless animals in our care			
TOTAL			

- Lost tag or paw pass can be replaced for a fee of \$7.00

Owner Information:

Name:	Address:
City, State, Zip:	
Email Address: (Required for key pad code notification)	
Home/Cell Phone:	Date:

Pet Information:

	Dog 1	Dog 2	Dog 3
Dog's Name:			

By signing this application I acknowledge that I agree to the terms of this application including the membership agreement, dog park rules and regulations and the waiver and release. All Lifetime members must submit animal medical records on a yearly basis or memberships will be suspended until updated animal medical records are provided.

Signature: _____ Date: _____

Method of Payment: Cash Check Credit Card

Type _____ Card Number _____ Exp: _____