



PARTNERSHIP APPLICATION

ABOUT YOU

Business Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Website: _____

Primary Contact: _____ Title: _____

Email Address: _____ Direct Phone Number: _____

Is your establishment dog-friendly? Yes No

Website Search Terms

1. _____
2. _____
3. _____
4. _____
5. _____

Additional Contact #1 (Optional)

Name: _____

Title: _____

Email: _____

Phone: _____

Additional Contact #2 (Optional)

Name: _____

Title: _____

Email: _____

Phone: _____

ANNUAL INVESTMENT

Please circle the number of **full time** employees employed at the location listed above.

0-2	3-5	6-10	11-25	26-50	51-100	101-500
\$290	\$350	\$430	\$480	\$610	\$785	\$905

One time enrollment fee: **\$45**

CREDIT CARD PAYMENT

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____

Authorized Signature: _____

Partnership fees are not deductible as charitable contributions for federal income tax purposes, but may be deducted as a necessary business expense.