□  **New Application** □ **Renewal Month/Year** \_\_\_\_\_\_\_\_

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Area (include Zip Codes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bonding Company (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Employees/Independent Contractors \_\_\_\_\_\_\_\_

Company Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Memberships/Certificates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Number of annual visits \_\_\_\_\_\_\_ Approximate number of human clients \_\_\_\_\_\_\_

**Membership Requirements**

I agree to the following requirements (please initial each one):

\_\_\_\_ I have read and agree to abide by the IAPSN Mission Statement & Code of Ethics found at the end of this form

\_\_\_\_ After attending a meeting, submit a completed application

\_\_\_\_ Payment of annual membership fee of $24 (New Members) / $12 (Renewing Members) and due by February 28th of each year

\_\_\_\_ I am providing proof of business liability insurance and I will keep insurance active while a member of IAPSN (attach copy to this application)

\_\_\_\_ I am providing proof of a criminal background check on myself and any employees or independent contractors

\_\_\_\_ To be included/maintained on the website, a member must attend at least one meeting per calendar year

\_\_\_\_ When I receive my invitation, I will join the IAPSN Google Groups Forum and use it to communicate with IAPSN members (It is usually most convenient to have the messages forwarded to your email account)

By submitting this application, I verify all information is correct to the best of my knowledge. I also agree to waive any liability to IAPSN or its members.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To Be Completed by Receiving Member: Date Application Received \_\_\_\_\_\_\_\_ Amount Collected $ \_\_\_\_\_\_\_***

# IAPSN MISSION STATEMENT

The mission of IAPSN is to provide local pet sitting professionals with a support network and share educational opportunities or tools. IAPSN strives to educate pet owners about responsible pet ownership and the benefits of pet sitting services. IAPSN supports local shelters and rescue groups in the efforts with caring for and finding responsible homes for pets.

# IAPSN MEMBER CODE OF ETHICS

## Honesty and Integrity

IAPSN members deal with clients and other pet sitters with honesty and integrity and avoid any conduct that could put clients or their animals, residence, or property at risk. Anyone who is convicted of a crime against persons or property, or listed as a registered sex offender, will have his or her IAPSN membership terminated.

## Appropriate Channels for Criticism

Members conduct themselves as professionals, and should not engage in public criticism of fellow pet sitters or of IAPSN. Members are expected and required to treat each other with respect and dignity and use of profanity on the forum is strictly prohibited.

**Use of IAPSN Name**

The IAPSN name may be displayed only by an IAPSN member in good standing.

## Pet Sitting is Our Focus

IAPSN recognizes that many pet sitting businesses are rapidly growing and diversifying, and welcomes members who offer complimentary services such as boarding, grooming or training. However, IAPSN’s mission and identity require that membership be limited to those whose primary business is pet sitting.

## Sanctions

Failure to comply with this Code of Conduct and Ethics, if substantiated in the opinion of IAPSN, will be grounds for immediate revocation of membership.

**What is the next step?**

Thank you for joining our network. Please turn this Membership Application in at a meeting along with your Proof of Insurance, Criminal Background Check, and Membership Fee. If submitting by mail (after attending a meeting), please mail all three items to: Cathy Clark, 12140 Whitebark Drive, Indianapolis, IN 46236.

You will receive an email from the Forum Administrator that invites you to join the forum. There will be instructions sent with the invitation.

You will receive an email with instructions for submitting your Company Information to be included on our website. New members will be added monthly. Free changes are allowed every January. After your initial submission, you will be charged $10 for changes (unless made in January).