

Indy Area Pet Sitters Network Membership Application

☐ 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 (pro-rated after January) and due in January 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).

____ To be included/maintained on the website, a member must attend at least one meeting per calendar year and within the first 3 months (January, February or March).

____ When I receive my invitation, I will join the IAPSN Yahoo Group Forum and use it to communicate with IAPSN members. (It is usually most convenient to have the messages forwarded to your email account.)

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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 \$ _____

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Shared Responsibilities

Participation on one of the following teams is mandatory. You may select whichever team you prefer.

1. **Team One is called the “Membership Team”.** Team One serves our members and has an internal focus. Team One is responsible for collecting Membership Applications, Proof of Insurance and Dues, arranging for the education and support of our members, recruiting new members, oversight of the yahoo group forum, and is responsible for planning a meeting topic, guest speaker or training opportunity for the meetings held in January, March, June, August, and October.
2. **Team Two is called “Community Outreach”.** Team Two has more of an external focus. Team Two serves pet owners, animal rescue groups, animal shelters, and also promotes the role of the professional pet sitter to the general public. Team Two manages our Facebook Page, plans volunteer events, booths, and arranges donations to rescues or shelters. Team Two is responsible for a meeting topic, guest speaker or event during February, May, July, September, and November. If an event that Team Two wishes to participate in falls during a Team One month, we can trade months.

We do NOT meet in April because of Spring Break. December is reserved for our annual Holiday party and all members of both teams plan it.

Which team do you want to participate on? (circle one): Team One Team Two

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.

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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 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 \$20 for changes (unless made in January).