

MEMBERSHIP APPLICATION

INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONAL

P.O. Box 560156
Montverde, FL 34756-0156
407-469-2008

A Non-Profit Organization



Please type or print.

Individual Name (not company): _____

Business/Organization name: _____

Preferred Mailing Address: _____

City _____ State _____ Zip Code _____ Country _____

Preferred Phone: [] _____ - _____ Cell phone [] _____ - _____

Fax: [] _____ - _____ Email: _____ Web address: _____

Date of Birth ____/____/____ (Optional) Male ____ Female ____

Are you? Owner ____ Employee ____ Title/position _____

Years current business has been in operation ____ Years you have been a canine professional ____

MEMBERSHIP FEES:

Professional - \$100.00

5 + yrs. Experience

Associate - \$75.00

0-5 yrs. Experience

Affiliate - \$50.00

A one-time processing fee of \$25.00 is required for Associate and Professional Membership levels.

Enter Level Fee \$ _____ .00

Professional Associate

Affiliate

Enter Processing Fee \$ _____ .00

Professional & Associate Members (\$25.00)

Voluntary Scholarship Contribution (\$10.00) \$ _____ .00

(See under METHOD OF PAYMENT)

TOTAL FEES \$ _____ .00

Please Make Check or Money Order Payable In US Funds To: IACP
Credit Cards: Visa, Mastercard, AMEX

YES! Automatically renew my membership each year using my credit card as shown on this page

Also include my \$10.00 Scholarship contribution each year.

How did you hear about the IACP ?

By my signature below, I realize and understand that I am stating I have answered all application questions truthfully on the enclosed form, and agree I have disclosed any information which could indicate conflict with either the Mission Statement or Code of Conduct.

By placing my signature below, I also understand that I am stating I have read and accept the IACP Mission Statement and Code of Conduct, and that by signing my name below I agree to adhere and abide by the IACP Code of Conduct.

Applicant's Signature

Date

METHOD OF PAYMENT:

Check or Money Order Visa MasterCard AMEX

Credit card number _____ - _____ - _____ - _____ Exp.Date _____

CCV# _____ Billing Zip Code _____

Name as it appears on card: _____

Card Holder's Signature: _____

Your fee can include a \$10 donation to the IACP Education and Scholarship Funds if you so wish. If you would like to opt out of this donation, please do so. The Bulletin will be sent electronically to your e-mail address.

If you would like a hard copy sent check here.

*In the following sections, please check **all** that apply to the specific services you offer.*

Feel free to write in any services that may not be listed:

Professional Canine Services you offer:

- | | |
|---|---|
| <input type="checkbox"/> animal control officer | <input type="checkbox"/> pet cemetery |
| <input type="checkbox"/> boarding kennel | <input type="checkbox"/> pet sitting |
| <input type="checkbox"/> breeder | <input type="checkbox"/> pet containment |
| <input type="checkbox"/> canine health | <input type="checkbox"/> product services |
| <input type="checkbox"/> day care | <input type="checkbox"/> pet transportation |
| <input type="checkbox"/> grooming | <input type="checkbox"/> retail pet supply |
| <input type="checkbox"/> human health or education | <input type="checkbox"/> shelter worker |
| <input type="checkbox"/> law enforcement | <input type="checkbox"/> training |
| <input type="checkbox"/> manufacturing/wholesale/distributing | <input type="checkbox"/> Dog Walker |
| <input type="checkbox"/> military | <input type="checkbox"/> other (describe) |

Canine Health Services:

- | | |
|--|---|
| <input type="checkbox"/> veterinarian | specialization, if any: |
| <input type="checkbox"/> veterinary office manager | <input type="checkbox"/> other health related _____ |
| <input type="checkbox"/> veterinary technician | |

Human Health and Education Providers

- | | |
|---|---|
| <input type="checkbox"/> nurse | <input type="checkbox"/> social worker |
| <input type="checkbox"/> mental health therapist | <input type="checkbox"/> speech/language pathologist |
| <input type="checkbox"/> occupational therapist | <input type="checkbox"/> teacher |
| <input type="checkbox"/> physical therapist | <input type="checkbox"/> visiting therapy dog group administrator |
| <input type="checkbox"/> professional therapeutic handler | <input type="checkbox"/> other (describe) |
| <input type="checkbox"/> recreational therapist | |

How do you incorporate dogs into the profession(s) checked above?

Product Services

- Manufacturer
- Wholesaler
- Distributor

Describe the products you offer:

Professional Dog Training and Behavior Services – Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> counseling and problem solving | <input type="checkbox"/> private lessons |
| <input type="checkbox"/> family companionship | <input type="checkbox"/> search and rescue |
| <input type="checkbox"/> group classes | <input type="checkbox"/> service/assistance dogs (describe) |
| <input type="checkbox"/> in-home lessons | <input type="checkbox"/> sport/competition (describe) |
| <input type="checkbox"/> in kennel training (boarding school) | <input type="checkbox"/> therapy dogs/visiting dogs |
| <input type="checkbox"/> personal protection | <input type="checkbox"/> other (describe) |

Training courses, seminars, workshops, schools for canine related professions.

Describe courses:

Volunteers

- | | |
|--|---|
| <input type="checkbox"/> assistance/service/guide puppy raiser | <input type="checkbox"/> shelter, sanctuary worker |
| <input type="checkbox"/> breed rescue (which breed?) | <input type="checkbox"/> visiting therapy dog evaluator, tester, instructor |
| <input type="checkbox"/> club trainer or assistant | <input type="checkbox"/> visiting therapy dog handler |
| <input type="checkbox"/> search and rescue | <input type="checkbox"/> other (describe) |

Describe volunteer activities checked above:

ASSOCIATE AND PROFESSIONAL LEVEL APPLICANTS:

Please complete and attach the items listed below to your application:

INCOMPLETE APPLICATIONS WILL **NOT** BE ASSIGNED A MEMBERSHIP NUMBER UNTIL ALL ATTACHMENTS ARE RECEIVED.

1. Two references from other professionals in the field of dogs (veterinarians, trainers, etc.) **or** one reference from a Professional Level Member of IACP. A blank IACP reference form is included at the end of this application for you to copy and use.
 2. A recent photograph of yourself. Instant or passport photos are acceptable.
 3. A copy of any ONE of the following:
 - Business Card
 - Business Brochure
 - Business License
 - Letter from employer, club, volunteer group, or equivalent verifying your application.
 4. You may also include other pertinent information about yourself to support your application. Please limit to 500 words, or you may attach a resume or curriculum vitae.
-

If you have questions about this application, call toll free 1-877-843-4227



APPLICATIONS ARE ACCEPTED VIA MAIL AND E-MAIL

Send completed application, attachments and appropriate fees to:

INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS

Attention: Member Services

P.O. Box 560156

Montverde, FL 34756-0156



A Non-Profit Organization

INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS

Telephone: 407-469-2008 Toll Free: 1- 877-THE- IACP Fax: 407-469-7127

P.O. Box 560156 □ Montverde, FL □ 34756-0156 e-mail: IACP@mindspring.com www.dogpro.org

REFERENCE ADDENDUM FOR MEMBERSHIP APPLICANT:

Applicant, Please Print Name Above

Thank you for taking the time to read through and fill out this form. The applicant who has given you this form is applying for membership within the IACP, a non-profit association established to maintain the highest standards of professional and business practice among canine professionals.

We ask that you fill out this reference form *only* if you have an association with the applicant that grants you knowledge to answer all the questions below.

When you have completed this form please place it in a sealed envelope, **sign your name on the outside of the envelope***, and return it to the applicant, who will submit your sealed reference as part of the entire membership application packet. Feel free to write on the back of this form.

Please type or print

Your name _____

Your address _____

Phone _____ E-mail _____

Your occupation _____ Your relationship to applicant _____

How long have you known applicant? _____ Are you a member of IACP? Yes ___ No ___

Is the applicant actively working with dogs? Yes ___ No ___

Does the applicant have a business practice? Yes ___ No ___

Are there any specific behaviors or incidents that have caused you to question this applicant's competency?

Do you know of any professional misconduct or cruelty to animals?

_____ Date _____

* *Signature of person completing this reference form,*