

# Southern Maryland Association of Professional Pet Sitters Membership Application

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Website \_\_\_\_\_

(Cell numbers and addresses distributed to other SMAPPS members only)

Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

Primary Area Covered \_\_\_\_\_

Zip Codes Serviced \_\_\_\_\_

\_\_\_\_\_

How long have you been pet sitting professionally? \_\_\_\_\_

What services do you offer? (pet sitting, daily dog walks, overnights, boarding, etc) \_\_\_\_\_

\_\_\_\_\_

What type of animals do you care for? \_\_\_\_\_

\_\_\_\_\_

Do You Have Employees? \_\_\_\_\_ Do you have I/C's? \_\_\_\_\_

Are they bonded \_\_\_\_\_

Are you a member of:            PSI \_\_\_\_\_            NAPPS \_\_\_\_\_

Have you ever worked for or been contracted to work for another Pet Sitting business? \_\_\_\_\_

If yes, what is the company name? \_\_\_\_\_

Pet Sitting Liability Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Why Do You Want to Join SMAPPS? \_\_\_\_\_

\_\_\_\_\_

How did you hear about SMAPPS? \_\_\_\_\_

Membership dues will be prorated based on your membership acceptance date:

Jan.-Mar. - \$80.00      Apr.-June - \$60.00      July-Sept. - \$40.00      Oct.-Dec. - \$20.00

### **Pet Sitter Pledge of Professional Conduct**

If my membership is approved, I agree to follow the SMAPPS bylaws, PSI's *Recommended Quality Standards for Excellence in Pet Sitting* and conduct my business in a manner that enhances the credibility of the Professional Pet Sitting Industry. I will commit to attending three business meetings per year and at least one additional networking event.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_