

SNAPPS Membership Application

Please provide the following contact information:

Name	
Title	
Organization	
Street Address	
Address (cont.)	
City	
State/Province	
Zip/Postal Code	
Country	
Work Phone	
FAX	
E-mail	
URL	

Under what category does your business fall?

Sole Proprietor

Type of business?



Are you...

- □ Licensed
- □ Bonded
- □ Insured
- □ Pet CPR Certified
- □ Member of the BBB
- □ Member of PSI
- □ Member of NAPPS
- Member of ABKA
- □ Member of APDT
- □ Member of PUPS
- Member of Another Professional Group

Do you have special training or degrees in the animal service profession? If yes, please explain.

What types of pets do you care for?

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What is your basic service area?(please include all zip codes you service)



Do you do volunteer work for any animal related organizations?



Why do you want to become a member of SNAPPS?



In what ways do you think SNAPPS can help your business?

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In what ways do you think you will able to help other SNAPPS members?

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Would you like to be involved in the mentor program by having a mentor assigned to you?



Under what categories would you like your business added on the website?

- □ Agility
- □ Animal Communicators
- □ Animal Massage Therapists
- □ Bird Care

- □ Cat Care
- □ Dog Care
- Dog Walking
- □ Ferret Care
- □ Grooming
- □ House Sitting
- □ In Home Pet Boarding
- Media
- □ Micro chipping
- □ Nutritional Guidance
- □ Obedience
- □ Overnight Pet Sitting
- □ Pet Boarding
- Pet Day Care
- Pet Food
- □ Pet Party Planner
- □ Pet Photographers
- □ Pet Sitters
- □ Pet Transportation
- □ Pooper Scooper
- □ Reptile Care
- □ Retail Store
- □ Self Pet Wash
- □ Other