



TRIANGLE AREA PROFESSIONAL PET SITTERS

MEMBERSHIP INFORMATION & APPLICATION

INTRODUCTION TO TAPPS

Thank you for your interest in becoming a member of Triangle Area Professional Pet Sitters (TAPPS). TAPPS is a professional pet sitting association in North Carolina formed to serve the following goals:

FOR PET SITTERS

TAPPS will provide members the opportunity for the positive exchange of experiences and opinions through interactive discussion. High standards of conduct among providers of pet sitting services will be encouraged and maintained. Valuable information relative to the functions and accomplishments of successful pet sitting establishments will be presented to the membership.

FOR THE PUBLIC

TAPPS will promote the business of pet sitting and educate the public regarding the benefits of these services and it will strengthen and promote the awareness of pet sitting as a professional occupation. The Association will foster goodwill between other pet care providers and pet sitters and the public they serve. Also, the Association will conduct and cooperate in courses of study to benefit Association Members and/or Triangle Area pet owners.

TAPPS' MEMBER BENEFITS

- Receiving referrals through the TAPPS website and from fellow members.
- Enjoying camaraderie with fellow professional pet sitters.
- Attending informative meetings highlighting local professional business services.
- Participating in continuing educational opportunities.
- Serving the local animal community.
- Networking with other types of pet care specialists.
- Educating the public about professional pet sitting in our area.

TAPPS' MISSION STATEMENT

- To promote the value of professional pet sitting to Triangle Area pet owners.
- To foster cooperation and support between Triangle Area Professional Pet Sitters' individual businesses through networking and continuing education in the pet sitting field.
- To positively impact the welfare of Triangle Area shelters and animals.

TAPPS' MEMBERSHIP CRITERIA

Membership in the Association is limited to individuals or companies:

- 1.) Who are majority principal owner of a pet sitting business;
- 2.) Who have made formal application to TAPPS;
- 3.) Who have paid and are current on membership dues to the Association;
- 4.) Who are engaged in the business of professional pet sitting primarily located in any of the following North Carolina counties – Wake, Durham, Orange, Granville, Franklin and Johnston;
- 5.) Who derive a substantial portion of their pet related income from professional pet sitting;
- 6.) Who have agreed to adhere to the Association's Pledge of Professionalism and other policies;
- 7.) Who have read and agree to abide by all TAPPS' Bylaws;
- 8.) Who have fulfilled the requirements of membership as follows:
 - a.) Bonding Insurance
 - b.) Liability Insurance
 - c.) Member, in good standing, with NAPPS or PSI
 - d.) Business principal is Pet First Aid & CPR certified (this requirement must be met within six (6) months of membership in TAPPS) and must be renewed every two (2) years
 - e.) Licensed (with one of the following documents depending on your business situation and location(s) serviced):
 1. Tax ID Number (EIN Number)
 2. Privilege License for principal city serviced
 3. FILED Secretary of State paperwork with proper ID Number; or, if a Sole Proprietor, FILED Register of Deeds paperwork with proper Book and Page connotations
- 9.) Who have agreed to participate in a minimum of two (2) meetings or events within a twelve (12) month period (these shall include regular member meetings, special meetings or recognized TAPPS events); and
- 10.) Who attest to having no felony convictions, which would void membership.

Once a potential TAPPS member has submitted a completed Membership Application with supporting documentation and full payment, the Board of Directors will approve all Applications meeting TAPPS' Membership Criteria. When approved, full membership status will be granted and the new member will be added to the TAPPS referral website. If membership is declined, the dues payment will be returned to the candidate along with an explanation of refusal.

TAPPS' PLEDGE OF PROFESSIONALISM

As a TAPPS member, I agree to abide by the following standards:

- To treat clients, fellow professional pet sitters and employees or contractors with honesty, respect and courtesy.
- To protect and honor clients' information, privacy and property.
- To provide skillful pet care in a safe, compassionate and well-documented manner.

(TAPPS' Pledge of Professionalism Continued)

- To educate myself, my clients and my community in an on-going manner about the proper care, nutrition and behavior of all pets within my area of specialty or expertise.
- To dedicate a portion of my time and/or resources to the welfare of animals locally, nationally or globally.
- To comply with all local, state and federal laws regarding the business of in-home pet sitting.
- To promote a product, service or event in connection with TAPPS only with written consent of the Board of Directors of the Association.

Applicant Signature

Date

Company Name

CURRENT TAPPS BOARD MEMBERS

Executive Committee

President	Nancy Stevens	Ark Angels Pet Care
Vice-President	Kato George	Bone-A-Fide Pet Care
Secretary	Denise Doll	Reining Cats and Dogs Pet Sitting
Treasurer	Lois Kelly	Four Paws Pet Sitting Services
Advisor	Jerry Wentz	Homesitters of Raleigh & Cary

Board of Directors

Director	Liza Koomen	Piper's Pets
Director	Irene Cotter	Fur-Fetched
Director	Laura Campbell	Paws Up! Pet Sitting



TRIANGLE AREA PROFESSIONAL PET SITTERS

MEMBERSHIP APPLICATION

If you are interested in joining TAPPS, please check one (and make check payable to TAPPS):

REGULAR MEMBER **\$125.00 + Membership Application form**

ANNUAL RENEWAL OF MEMBERSHIP **\$ 85.00**

(Must be renewing membership from previous calendar year.)

Principal Name: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Preferred Contact: Physical Address Mailing Address

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Other Phone: _____

Personal Email Address: _____

Business Email Address: _____

Business Website Address: _____

Zip Codes Served: _____

Geographic Service Area (city, county, highways, etc.): _____

Pet Services Provided: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Geriatric Care |
| <input type="checkbox"/> Cats | <input type="checkbox"/> Relaxation Massage |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Horses | <input type="checkbox"/> Overnight Stays |
| <input type="checkbox"/> Farm Animals | <input type="checkbox"/> Doggie/Kitty Day Care |
| <input type="checkbox"/> Fish/Aquarium Care | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Caged Pets (pocket pets, rabbits, ferrets, etc.) | <input type="checkbox"/> Pet Transportation |
| <input type="checkbox"/> Exotics/Reptiles | <input type="checkbox"/> Professional Grooming |
| <input type="checkbox"/> Home Prepared Diets | <input type="checkbox"/> Dog Training or Behavior Modification |
| <input type="checkbox"/> Diabetic Care | <input type="checkbox"/> Horse Training or Behavior Modification |
| <input type="checkbox"/> Subcutaneous Fluids | <input type="checkbox"/> Yard Pet Waste Removal |
| <input type="checkbox"/> Medications | <input type="checkbox"/> House Sitting |
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Memberships (Date Joined) NAPPS _____ PSI _____ Other _____

Professional Pet Sitter for _____ years. Business License obtained: _____(mm/yy)

- Full-Time Pet Sitter Part-Time Pet Sitter

Have you ever been an employee or independent contractor for a pet sitting business? If so, please explain: _____

Bonding Insurance Company: _____

Pet Sitting Liability Insurance Company: _____

Pet First Aid and CPR Certified: _____ Yes _____ No Date Certified: _____

Referred to TAPPS by: _____

By signing and submitting this Application I am certifying that:

- All information contained above is true and correct to my knowledge.
- I am over twenty-one (21) years of age and am the person responsible for making the business decisions for the company listed above.
- I agree to abide by the Triangle Area Professional Pet Sitters' (TAPPS) Pledge of Professionalism and other policies.
- All TAPPS Membership Criteria must be kept current and/or remain in good standing in order to remain a member of the Association.
- I have received a copy of TAPPS' Bylaws along with a document containing the Association's Mission Statement, Member Benefits and a listing of the Board Members.
- I agree to abide by all state and local pet laws and understand that it is my responsibility to become familiar with these laws.

Applicant Signature

Date

Completed Application must be accompanied with the following documents:

- Dues check (made payable to TAPPS)
- Photocopy of current Pet First Aid and CPR Certification card (if applicable)
- Photocopy of insurance card/paperwork
- Photocopy of bonding card/paperwork
- Photocopy of appropriate license paperwork
- Signed and dated TAPPS' Pledge of Professionalism sheet

Mail Application and documents to:

Denise Doll
TAPPS Secretary
6020 Old Horseman Trail
Raleigh, North Carolina 27613