

# IAADP MEMBERSHIP APPLICATION FORM

Name (print clearly or type)

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Address: \_\_\_\_\_ City: \_\_\_\_\_

State / Province: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Check all below which apply to you:

\_\_\_\_ Partner-USA NEW Membership **\$40**

(\*3 years for the price of 2 years **\$80**)

\_\_\_\_ Partner-USA RENEWAL Membership (USA) **\$40**

(\*3 years for the price of 2 years **\$80**)

\_\_\_\_ International Partner Membership (as I reside outside the USA)

**\$20** (\*3 years for the price of 2 years **\$40**)

\_\_\_\_ I'm partnered with a:

(Please Circle One)

Guide Dog      Hearing Dog      Service Dog

Psychiatric Service Dog

\_\_\_\_ I am an IAADP Friend Member **\$40**

\_\_\_\_ My assistance dog is trained by me to the required IAADP  
Minimum Training Standards

\_\_\_\_ My Provider trained assistance dog is from:

\_\_\_\_\_ (Provider's Name)

Dog's name: \_\_\_\_\_ Breed / Mix \_\_\_\_\_

Date of Dog's Birth \_\_\_\_\_

Assistance Dog Tasks:

Describe 2 or more disability **mitigating tasks** your dog is trained to perform on command or cue. **(Applications for a Partner Membership submitted without a task list will NOT be approved)**

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NOTE: IAADP reserves the right to contact applicants for more information on the dog's training prior to consideration of enrollment or renewal.

Partner Member Affidavit: (Note: YOUR signature is required for enrollment or renewal)

***By signing this document, I affirm the information provided on this application is correct and truthful.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Choose Newsletter Format: (Please Circle One) Print    Email

Submit application with a check or money order made payable to IAADP and mail to:

**IAADP**

**PO Box 14481**

**Parkville, MO 64152**

Applicants outside the U.S.A. must send U.S. currency or an international check / money order. Applications may also be submitted online and alternative methods of payment are available on the IAADP website using PayPal.

Please Note: From the time of receipt of payment, a period of 30 to 60 days will be needed to process the application. Membership begins immediately upon the receipt of your Membership Card and Packet. Please be patient as we rely on volunteers to carry out most of the work done by IAADP for its members.