

IAADP MEMBERSHIP APPLICATION FORM

Name (print clearly or type)

Address: _____ City: _____

State / Province: _____ Zip / Postal Code: _____

Country: _____

Phone: _____

EMAIL: _____

Check all below which apply to you (***all memberships are now for ONE YEAR ONLY***):

____ Partner-USA (one year) NEW Membership \$60

____ Partner-USA (one year) RENEWAL Membership (USA) \$60

____ International Partner Membership as I reside outside the USA \$20
(one year)

____ Friend Membership (one year) \$40

I'm partnered with a:

(Please Circle One)

Guide Dog Hearing Dog Service Dog Psychiatric Service Dog

____ 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)

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

Please return with check or money order to:

IAADP

P.O. Box 14481

Parkville, MO 64152

Updated 1/4/24