



# Membership Application

Online application and payment is available with a \$10.00 discount

[www.apaws.org/join](http://www.apaws.org/join)

Full Membership with voting privileges will be granted to any individual who is in the animal waste profession, that applies for membership status, agrees to abide by the aPaws Code of Conduct, pays annual dues, provides proof of liability insurance, and supports the purposes set forth in the Bylaws.

Supplemental Membership may be granted to any individual who is the partner, spouse, employee, co-owner, or other similar relationship to a Full Member. Supplemental members do not receive voting privileges or a listing in the Scooper Directory.

Full aPaws Members will receive one listing in the state that their company resides in and provides service. Full Members may also purchase up to four (4) additional service states at a fee of \$25.00 per state. Franchises, lease agreement contractors, and sub-contractors are considered a separate business and will need to apply for separate membership and provide separate proof of liability insurance.

Annual membership dues and additional service state charges are due and payable the day after the final anniversary date of the membership and will be considered delinquent if not paid by that date. Dues are \$95.00 by mail in form or \$85.00 online - plus \$25.00 for each additional service state. Members must also provide updated proof of liability insurance upon renewal.

<b>Full Membership</b>	<b>\$95.00</b>
<b>Supplemental Membership</b>	<b>25.00</b>
<b>Additional States (each)</b>	<b>25.00</b>

**Checks should be in U. S. Dollars from a U.S. Bank and made payable to "aPaws"**

**Mail your completed application and payment To :**

**aPaws**  
 ATTN: Membership Application  
 P. O. Box 2325  
 Santa Clarita, CA 91386-2325

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

International Information Country: \_\_\_\_\_ Intl. Zip: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

2nd Phone : \_\_\_\_\_ Private/Members only  Email Address: \_\_\_\_\_

Service Area: \_\_\_\_\_

Business Description: \_\_\_\_\_

Area Codes for Scooper Directory         Adtl. States - use Back of Page

Website URL: \_\_\_\_\_

*I hereby agree to the terms set forth by aPaws. I have read the Code of Conduct in its entirety. I fully understand it and agree to abide by it at all times during the operation of my business and will abide by the Code of Conduct throughout the duration of my membership with aPaws.*

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

## Membership Application - Page 2 (Complete if needed)

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### Additional Service States - \$25.00 each - includes 8 additional area codes

Additional Service State #1: \_\_\_\_\_

Area Codes for Scooper Directory

Additional Service State #2: \_\_\_\_\_

Area Codes for Scooper Directory

Additional Service State #3: \_\_\_\_\_

Area Codes for Scooper Directory

Additional Service State #4: \_\_\_\_\_

Area Codes for Scooper Directory

NOTES:

<b>For Office Use Only</b>	Date Received by Treasurer:	aPaws Member Number:
	Date Added to Member Area:	Payment Complete: