

Thank you for your interest in becoming a member of the Georgia Network of Professional Petsitters.

Please complete the application on the following page and mail it to:

GNPP
c/o Chelle Wollner
4479 S. Springwood Dr.
Smyrna, GA 30082



Georgia Network of Professional Petsitters Membership Application

I am interested in joining the G.N.P.P and enclosed are my annual dues of _____ (make payable to G.N.P.P.)

NAME		NAME OF BUSINESS		
ADDRESS		CITY	STATE	ZIP
BUSINESS PHONE	HOME PHONE	CELL PHONE	PAGER	

Note: Cell/Pager numbers and addresses are circulated only to GNPP members, NOT the general public.

E-MAIL ADDRESS AND/OR PET SITTING WEBSITE

PRIMARY AREAS OF BUSINESS COVERAGE (CITY, COUNTY, OTHER GEOGRAPHIC AREA)

ZIP CODES COVERED

MEMBER OF (and Date Joined)	PSI	NAPPS	OTHER
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HOW LONG HAVE YOU BEEN PET SITTING PROFESSIONALLY?

BONDING INSURANCE/COMPANY	PET SITTING LIABILITY INSURANCE/COMPANY
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HOW CAN G.N.P.P. HELP YOU AND WHAT WOULD YOU LIKE TO SEE G.N.P.P. DO FOR YOU?

COMMENTS/SUGGESTIONS

YES, I WILL HELP IMPLEMENT THE ABOVE COMMENTS/SUGGESTIONS

Thank You for Joining The Georgia Network Of Professional Pet Sitters! Please ask for your copy of our ByLaws and a Current Membership Roster at our Next Meeting.