

IAHAP Membership Application

International Association of Holistic Animal Practitioners (IAHAP)

Use this fillable form to apply for either Student Membership or Professional Membership.

Complete all sections that apply to your membership type.

Section 1. Membership Type

Please select the membership level you are applying for.

Student Membership

Professional Membership

If needed, briefly explain which membership level best fits you

Section 2. Applicant Information

Full Legal Name

Email Address

Phone Number

Mailing Address

City / State / Province / Region

Country

Website / Business Name / School Name (if applicable)

Brief professional or educational biography

Section 3. Student Membership Information

Complete this section if applying for Student Membership.

Name of school, program, or training provider

Program or course of study

Enrollment start date

Expected completion date

Are you currently actively enrolled in a program related to animal bodywork, holistic animal care, or a related field?

Yes

No

Please describe your current training and goals as a student member

Will you provide proof of enrollment if requested?

Yes No

Section 4. Professional Membership Information

Complete this section if applying for Professional Membership.

Professional title / credentials

Primary modality or area of practice

Years in practice

Primary species served

Business / practice name

Please describe your professional experience, services, and qualifications

Do you currently work within your legal scope of practice?

Yes No

Do you currently hold professional liability insurance if applicable in your jurisdiction?

Yes No

Section 5. Ethics and Professional Standards

I agree to uphold IAHAAP ethical standards and professional conduct requirements.

I understand that membership may be reviewed, approved, denied, or revoked based on IAHAAP policies and standards.

I agree to represent my training, services, and credentials truthfully.

I understand that IAHAAP membership does not authorize me to practice outside my legal scope or replace veterinary care.

Section 6. Directory and Public Listing

If approved, would you like to be considered for inclusion in the IAHAAP directory?

Yes No

Name as you would like it to appear publicly

Public website or social link for listing

Short public description for your directory listing

Will you provide a professional photo and/or logo for your listing if requested?

Yes

No

Section 7. Supporting Documents Checklist

Please include any materials that apply to your membership type.

- Proof of student enrollment
- Proof of completed education or certifications
- Professional bio or resume
- Business or website information
- Professional liability insurance information if applicable
- Professional photo and/or logo for directory use
- Additional supporting documentation

Additional documents included (if any)

Section 8. Attestation

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that IAHAP may request additional information or documentation as part of the review process. I understand that submission of this application does not guarantee approval.

Applicant Name

Title / Status

Signature

Date

For Office Use Only

Date Received

Application Status

Pending

Approved

Denied

Under Review

Approved with Conditions

Reviewed By

Notes