

THE UNITED STATES POLICE CANINE ASSOCIATION, INC.
APPLICATION FOR MEMBERSHIP 20_____

DISTRICT # _____ REGION # 2 IS THIS A DUAL MEMBERSHIP? _____

Name _____ Home Phone _____
Address _____ Date of Birth _____
City _____ State _____ Zip _____

E-mail address _____

Police! Military! or Law Agency employed by: Full Address and Phone.

Agency _____

Address _____ Phone _____

City _____ State _____ Zip _____

Present Rank _____ # Years Employed _____

Position _____ Handler _____ Trainer _____ Administrator _____ Other _____

Breed of Dog _____ Name _____ Age _____

Dog _____ Name _____ Age _____

Check type of Work-- _____ Patrol _____ Narcotics _____ Explosive _____ Other _____

Type of training course attended or type of training you have received up to the present time:
(Describe in brief)

Type of membership: _____ Renewal _____ New Membership

Regular _____ Associate _____ Honorary _____ Special _____

U. S. P. C. A. Certified National Judge: Yes _____ No _____

U. S. P. C. A. Certified Trainer: Yes _____ No _____ Level _____

For Regular or Associate Members:

Relationship of Beneficiary for Death Benefit. _____

Name _____ Address _____

State _____ Zip _____ Phone _____

Please check that the application is filled out completely with signature.
Forward with a \$40.00 check (one year's dues, Jan 1 to Dec 31) made payable to the:

United States Police Canine Association, Inc.

Date: _____ **Signature** _____

Mail to:

Kevin Johnson

5234 Quaker Rd.

Wilson, NC 27893

(252) 205-1328

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