

The United States Police Canine Association, Inc.

2012 Application for Membership

DISTRICT# _____ REGION # _____ IS THIS A DUAL MEMBERSHIP? Yes No
Name: _____ Home Phone: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____

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: _____
Breed of Dog: _____ Name: _____ Age: _____
Check type of work: Patrol Narcotics Explosive Other _____
Check type of work: Patrol Narcotics Explosive Other _____

Describe in brief any type of training course attended or type of training that you have received up to the present time:

Type of Membership: New Renewal
Category of Membership: Regular Associate Honorary Special
USPCA Certified National Judge: Yes No
USPCA Certified Trainer: Yes No Level _____

For Regular or Associate Members:

Relationship: _____ of Beneficiary for Death Benefits.
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Please check that the application is filled out completely with signature and 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: _____

Posting the quarterly Region One news letter on-line saves us time and money. Is this acceptable to you?
Yes No

Mail to: Susan Rogers, Region One Secretary • 8020 8 Mile Road • Pensacola, FL 32526