UNITED STATES POLICE CANINE ASSOCIATION INC

REGION 4

APPLICATION FOR MEMBERSHIP 20 ____

IS THIS A DUAL MEMBERSHIP ? _____

_____ New Membership _____ Renewal Membership

Name: _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone:_____ Cell / Pager _____

Email: _____

POLICE / MILITARY AGENCY EMPLOYED BY (full address and phone)

_____ Phone _____

Address _____

Present rank _____ # of years Employed _____ Shift Assigned _____

Position Handler ____ Trainer _____ Administrator _____ Other _____

Breed of Dog _____ Name _____ Age _____

_____ Name _____ Age _____

K-9 Type Patrol _____ Narcotic _____ Explosive _____ Cadaver _____ Accelerant _____

K-9 Trainer / Dept _____

Type of Training Courses attended or types of training you have currently received: _____

_____

Certifications & dates obtained _____

U.S.P.C.A. Certified National Judge? No ___ Yes ___ # _____ Date Rec'd _____

U.S.P.C.A. Certified Regional Judge? No ___ Yes ___ # _____ Date Rec'd _____

U.S.P.C.A. Certified Trainer? No ___ Yes ____ Levels _____ Date Rec'd _____

REGULAR OR ASSOCIATE MEMBERS (Beneficiary of Death Benefit).

Relationship _____

Name _____

Address _____

Date _____ Signature _____

Please fill application out completely and forward with a check for $40.00 (one year's dues Jan 1 – Dec 31)
make check payable to U.S.P.C.A. Region 4. Late fee $5.00 after 3/1/10, $10 after 5/1/09.

Mail completed application to: **U.S.P.C.A. / Nicole Ledoux**
89 Gove St
Manchester, N.H. 03102

Region use

Date _____ Type # _____ $ _____