

The United States Police Canine Association, Inc.

Region Three

2012 - Membership Application - 2012

(PLEASE TYPE OR NEATLY PRINT ALL INFORMATION. PLEASE INCLUDE AN E-MAIL ADDRESS)

Renewal New Associate Special Dual (Primary Region:)

Name: _____ Home Telephone: _____
Address: _____ Pager Number: _____
City: _____ State: _____ Zip: _____ Cell Number: _____
E-mail address: _____ Date Of Birth: _____
Agency: _____ Work Telephone: _____
Address: _____ FAX: _____
City: _____ State: _____ Zip: _____ Number Of Years Employed: _____
Rank: _____ Assignment (Handler/Trainer/Administrator/Retired): _____
K-9 Name: _____ Breed: _____ Age: _____
K-9 Name: _____ Breed: _____ Age: _____
Patrol Trained: _____ Narcotic Trained: _____ Explosive Trained: _____ Other: _____

List Approximate Dates & Agency Where Basic Or Advanced Training Was Completed:

(If necessary use reverse side for additional information)

USPCA Certified Region Judge? Yes No If Yes, What Type? (PDI, PDII, Detector)
USPCA Certified National Judge? Yes No If Yes, What Type and National Number? (PDI, Detector)
USPCA Certified Trainer? Yes No If Yes, What Level?
Lifetime Member Yes No
Judged 2 Trial Events Yes No

Death Beneficiary Information (Line of Duty Death Only):

Name: _____ Telephone: _____
Address: _____
C/S/Z: _____ Relationship: _____

Signature: _____ Date: _____

Approval of this application provides yearly membership from January to December. Please fill it out completely & legibly and send it with a check for **\$40.00**, (check/money order), payable to USPCA Region Three, to:

USPCA Region Three
2754 Cheyenne Court
Bryans Road, MD 20616
Fax: 888-528-6610