



The United States Police Canine Association, Inc.



REGION II MEMBERSHIP APPLICATION FOR 20 ____

RENEWAL: NEW: ASSOCIATE: SPECIAL: DUAL: LIFE:

DATE: _____

NAME: _____ HOME TELEPHONE: _____

ADDRESS: _____ CELL NUMBER: _____

C/S/Z: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

AGENCY: _____ WORK TELEPHONE: _____

ADDRESS: _____ C/S/Z: _____

NUMBER OF YEARS EMPLOYED: _____

RANK: _____ ASSIGNMENT (HANDLER/TRAINER/ADMIN/RETIRED): _____

K-9 NAME: _____ BREED: _____ AGE: _____

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PATROL TRAINED: NARCOTIC TRAINED: EXPLOSIVE TRAINED: OTHER: _____

LIST APPROXIMATE DATES & AGENCY WHERE BASIC/ADVANCED TRAINING WAS COMPLETED:

USPCA CERTIFIED REGION JUDGE? YES NO IF YES, WHAT TYPE? _____

USPCA CERTIFIED NATIONAL JUDGE? YES NO IF YES, WHAT TYPE & NUMBER _____

USPCA CERTIFIED TRAINER? YES NO IF YES, WHAT LEVEL? _____

DEATH BENEFICIARY INFORMATION FOR 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 \$50 PAYABLE TO THE UNITED STATES POLICE CANINE ASSOCIATION, TO:

USPCA

416 CARRIAGE CREEK DR.

SMITHFIELD, NC 27577