

# The United States Police Canine Association, Inc.

## Membership Application 20\_\_

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

Renewal:    New:    Associate:    Special:    Dual:

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Pager Number: \_\_\_\_\_  
C/S/Z: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Agency: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
C/S/Z: \_\_\_\_\_ 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?

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**, payable to United States Police Canine Association, to:

USPCA Reion 5  
Tony White, Treasurer  
11503 Ivyrock Ct.  
Cincinnati, OH 45240